DOCUMENT RESUME

ED 182 945	EC 123 214
AUTHOR	Somerton-Fair, Ellen: Turner, Keith D.
TITLE	Pennsylvania Training Model: Individual Assessment Guide. Revised Edition.
INSTITUTION	Berks County Intermediate Unit 14, Leesport, Pa.: Pennsylvania State Dept. of Education, Harrisburg. Bureau of Special and Compensatory Education.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
BUREAU NO	451AH50522
PUB DATE	May 79
NOTE	196p.
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Cognitive Development: Communication Skills: Custodial Mentally Handicapped: Daily Living Skills: Diagnostic Teaching: *Educational Objectives: Elementary Secondary Education: Individualized Instruction: Individualized Programs: Motor Development: Multiply Handicapped: Program Planning: Sensory Experience: *Severely Handicapped: *Student Evaluation

ABSTRACT

The guide provides information on four sequences in the instruction of severely and profoundly handicapped students. The Curriculum Assessment Guide produces an overview of the student's skill development in input modes (tactile, auditory, and visual development): output modes (gross motor and fine motor): activities of daily living (feeding/drinking, toileting, dressing, washing, nasal hygiene, and oral hygiene): and higher order skills (communication, cognition, and socialization). Second, each of the major curriculum areas associated with identified needs is diagramed in developmental taxonomies. The next section details individual prescriptive planning approaches. Continuous data charts for ongoing assessment of the child's progress are described in the fourth section. Appended material includes a discussion of a study to delineate how a severely/profoundly handicapped student's progress approximates a normal developmental model. An annotated bibliography lists approximately 100 references on eight topics, including assessment systems, program development, motor development, self care skills, parent training, and communication development. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

ED182945

PENNSYLVANIA TRAINING MODEL
Individual Assessment Guide

REVISED EDITION

May, 1979

ELLEN SOMERTON-FAIR

KEITH D. TURNER

Published by
PENNSYLVANIA DEPARTMENT OF EDUCATION

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
B. Ford
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC123214

MATERIALS IN THIS PACKET DEVELOPED BY:

Ellen Somerton-Fair
Program Director
Pennsylvania Training Model
210 East Fulton Street
Butler, Pennsylvania 16001

and

Keith D. Turner, Ph.D.
Associate Professor
Department of Special Education
University of Texas
Austin, Texas 78712

The project staff wishes to thank Dr. Gary Makuch, Director of Special Education, for his encouragement and support of this project. Also, appreciation is extended to Dr. Daniel A. Rohrbach, Executive Director, Berks County Intermediate Unit #14, and his staff for their assistance in managing this project.

Sponsored by:

Bureau of Education for the Handicapped
U.S. Office of Education
Project No. 451AH50522

and

Pennsylvania Department of Education
Bureau of Special Education

The materials presented in this packet were developed pursuant to a Grant from the U.S. Office of Education, Department of Health, Education and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Office of Education, and no official endorsement by the U.S. Office of Education should be inferred.

AN EDUCATIONAL PLANNING SYSTEM

INDIVIDUAL ASSESSMENT GUIDE

PREFACE

4

Preface

The Individual Assessment Guide (IAG) evolved out of the need in Pennsylvania to meet the educational requirements of the severely/profoundly handicapped (SPH) population as mandated in the 1972 PARC Right to Education consent agreement. The Pennsylvania Department of Education (PDE) realized that the existing competency level of teaching personnel assigned to this population was inadequate in the areas of assessment and curriculum development and saw the need to request federal funding to develop a statewide inservice effort. A Bureau of Education for the Handicapped (BEH) special project was awarded to the PDE in the summer of 1974. The Pennsylvania Training Model (PTM) provided inservice education to over 1,000 public school personnel addressing five major topical areas: Assessment and Educational Programming, Motor Development, Self-Care Skill Programming, Communication Development and Parent Involvement.

The Individual Assessment Guide originated during the first year of the five-year project due to the numerous requests from teachers for training materials to assist them in appropriate assessment and programming for this population. Throughout the duration of the PTM, the Guide was field tested to establish the content validity of the items, determine its inter-rater reliability and develop norms for sub-groups within the SPH population.

Since the first edition of the IAG was developed to be used in conjunction with infield consultation and training, it did not include the field testing information or detailed instructions on its use. Due to the passage of P.L. 94-142, a national need for an assessment instrument of this nature and favorable professional reviews (Haring and Sailor, 1977), numerous requests for the IAG have been received. The revised edition contains more explanatory information on the development and use of the Guide so that personnel familiar with the SPH population can appropriately utilize the IAG without additional training.

This revised edition of the IAG provides school personnel with a process approach to determine how a given SPH pupil's progress approximates a normal developmental model. The process approach advocated stresses the importance of the pupil's current rate of progess in determining future objectives. The ultimate goal of the Guide is to facilitate the SPH pupil's independent functioning in the least restrictive environment rather than having him adhere to a normal model of development.

The Guide is organized to assist school personnel in answering four major questions concerning the assessment and instruction of each SPH pupil:

1. What do I teach?
2. How do I teach?
3. Did I teach?
4. Should I teach?

The Pennsylvania Training Model educational planning system utilizes a comprehensive assessment system that identifies priority needs and assists school personnel and parents in the design, implementation and evaluation of instructional plans that lead toward independent functioning in a naturalistic environment.

Illustrated in Figure I are the major components of the planning system. First, an overview of the child's skill development is obtained from the Curriculum Assessment Guide (CAG). Second, each of the major curriculum areas associated with identified needs are diagrammed for use in the development of educational objectives. Third, a prescriptive teaching approach is employed; and fourth, a frequent evaluation of pupil progress is conducted to ascertain if the variables included in the instructional plan are relevant to the pupil's short and long term objectives.

7

Figure I

PENNSYLVANIA TRAINING MODEL
EDUCATIONAL PLANNING
SYSTEM

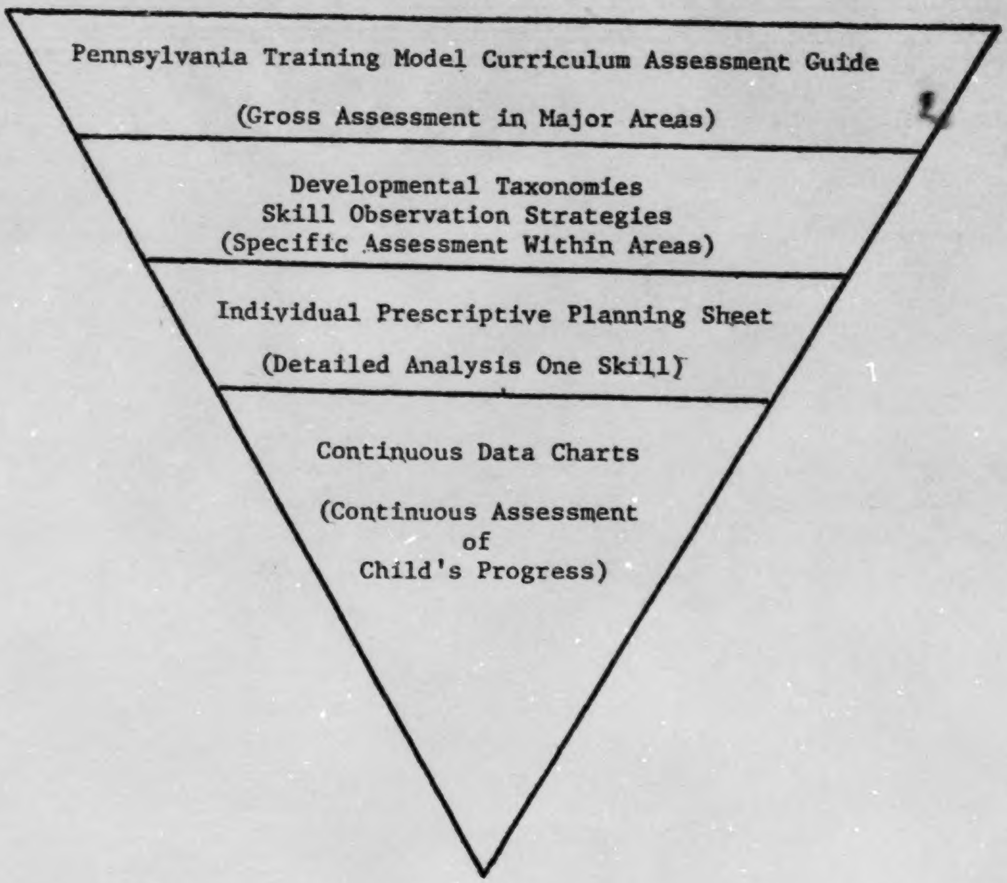

Pennsylvania Training Model Curriculum Assessment Guide
(Gross Assessment in Major Areas)
Developmental Taxonomies
Skill Observation Strategies
(Specific Assessment Within Areas)
Individual Prescriptive Planning Sheet
(Detailed Analysis One Skill)
Continuous Data Charts
(Continuous Assessment of Child's Progress)

TABLE OF CONTENTS

Page

Preface ... iii

Assessing the Student's Skills ... 1

  Curriculum Assessment Guide ... 1

    Rationale ... 2

    Profile Assessment ... 3

    Scoring Strategies ... 6

    Interpretation ... 7

Designing Instructional Objectives ... 8

  Developmental Taxonomies ... 15

    Rationale ... 15

    Scoring Strategies ... 15

  Skill Observation Strategies ... 39

    Rationale ... 39

    Utilization ... 40

Implementing the Instructional Program ... 63

  Individual Prescriptive Planning Sheet ... 63

    Rationale ... 64

    Utilization ... 64

Evaluating the Effectiveness of the Instructional Program ... 69

  Continuous Data Charts ... 69

    Rationale ... 70

    Individualized Evaluation ... 71

    General Evaluation ... 75

Page

Alternative Program and Assessment Considerations 77
  Group Profile Sheets 77
    Rationale 78
    Group Descriptions 78
    Implications 91
  Modified Curriculum 92
  Assessment Guides 93
References 109
Program Assessment and Curriculum Resources 111
  Annotated Bibliography 112
    Assessment Systems 113
    Program Development 119
    Motor Development 125
    Self-Care Skill Development 126
    Sensory-Perception-Cognition 128
    Communication Development 129
    Parent Training 131
    Materials and Equipment 132

CURRICULUM ASSESSMENT GUIDE

RATIONALE

PROFILE ASSESSMENT

    SENSORY

    MOTOR

    SELF-CARE

    COMMUNICATION

    COGNITION

    SOCIAL

SCORING STRATEGIES

INTERPRETATION

Rationale

The PTM Curriculum Assessment Guide (CAG) provides a comprehensive profile of the SPH pupil's skills in major curriculum areas. This profile assists the teacher in developing relevant educational plans related to the student's priority needs. It is intended to be used in conjunction with existing diagnostic instruments (AAMD, WISC, etc.) utilized for pupil classification. The diagnostic instruments must cover a wide developmental range to ascertain significant deviance from normal populations and therefore yield information that is too general for education planning. The PTM Curriculum Assessment Guide is intended for educational planning, rather than formal diagnostics, and covers major curriculum areas for pupils with intelligence quotients less than thirty and having other impairments related to social, language, sensory or motor areas.

The intent of the CAG gross assessment is to provide school personnel with a quick method of obtaining preliminary information in regards to:

1. how the individual receives and expresses information;
2. how the individual moves about in his environment;
3. how the individual socializes; and
4. how he processes and retains information.

In keeping with the intent for a quick preliminary appraisal, each of the fourteen skill areas have five major pinpoints spanning the range of functioning within that range which is traditionally assumed for severe and profound populations.

Profile Assessment

The CAG is organized to yield information regarding the child's input modes; these are the first three areas assessed (tactile, auditory and visual). The next two areas relate to his output modes or motoric abilities to perform instructional tasks (gross motor and fine motor). The next six areas identify skill in the activities of daily living (feeding/drinking, toileting, dressing, washing, nasal hygiene and oral hygiene). The last three areas relate to higher order skills; the child's understanding and motivation to complete the task (communication, cognition and socialization).

Sensory

The intent of the sensory assessment (tactile, auditory and visual) is to determine which modalities can be utilized in cueing the pupil to respond. An effort should be made to identify absence of response to certain sensory stimuli rather than trying to pinpoint the exact threshold of responding. Those sensory areas where there are questionable responses should alert the teacher to employ cues in the other modalities where better performance is noted.

Motor

The motor section guides the teacher in designing tasks that are within the pupil's motoric range of functioning. Severely motorically impaired students experience difficulty in expressing their wants, responding in a traditional manner to instructional tasks and independently caring for their most basic needs (feeding, drinking and toileting). Curriculum implications from the motor assessment would be to adapt tasks and equipment and allow for alternative modes of communication.

Self-Care

Tasks assessed in this section relate to the pupil's ability to independently function within his natural environment. Sections follow a continuum of basic life support functions (feeding and drinking) to body care skills required for social acceptance. Obviously, when skill performance is low in all self-care items, the basic life support functions should receive priority instructional program planning.

Communication

This section assesses elementary forms of receptive and expressive communication. Failure to respond to the communication section should alert the teacher to employ tactile and gestural cues in giving instruction. The teacher should also provide the pupil with alternative forms of expression (gestures, differentiated vocalizations and augmented communication systems).

Cognition

The cognition sections identifies the pupil's ability to display memory capabilities, elementary problem solving skills and gross perceptual motor skills. With the SPH population cognitive abilities (memory, generalization and discrimination) are usually inherent in other priority tasks related to basic life skills. Teachers should be cautioned not to program cognitive tasks in isolation of more functional activities. For example, rather than teaching peg-in-hole through the use of a pegboard, the same cognitive concept could be more functionally taught by having the pupil put his arm in an armhole of a shirt sleeve.

Socialization

Items in this particular section evaluate the student's ability to respond to social stimuli provided by adults and peers in the environment. This area is of major concern in trying to provide motivating antecedents and consequences in designing tasks. An example of an antecedent condition that would be non-motivating is the use of tactile cues with tactually defensive students.

These social skills are also important in designing vocational and leisure-time activities.

The intent of this profile is to provide information concerning the pupil's skills and deficits in certain curriculum areas and is not designed to provide traditional diagnostic scores. Therefore, the choice of items to be assessed should be left to the teacher's discretion provided that at least one item in each of the fourteen major sections is evaluated at the assumed level of the student's performance.

Scoring Strategies

Reliable assessment of the pupil's performance on the CAG requires that the user follow the criteria for administering and scoring of each assessment item. On one page are the assessment items and on the other page are the criteria; each of the items and their corresponding criteria are identically numbered for ease of matching criteria and assessment item.

Scoring the individual's performance is done by noting the date and the accuracy of the response. Items assessed but failed should be indicated as such with the date and a minus. Items passed would contain the date and a check. It is not necessary to assess all items or to attempt to complete a total assessment in a specified period of time. Average administration time of persons familiar with the instrument ranges from 30 to 45 minutes. An illustration of a scoring procedure for determining the pupil's performance in gross motor can be noted by referring to item number 17, assuming that the pupil demonstrated criteria in performance of item number 16. One refers first to the criteria listed on the corresponding criteria page. The criteria indicates that a brief maintenance of support on the elbows would be incorrect as it is required that the student maintain the elbow rest position for at least one minute. Suppose the pupil did maintain the position for the specified period of time, then the teacher would score the item correct.

Caution is advised in administering and scoring items on the Guide to avoid providing subtle cues as to the accuracy of the response or facilitating the correct response through cues, prompts or physical assistance. An inadvertent error in scoring of a visual item could occur for number 13 which states "horizontally tracks past midline". When presenting an object for the individual to track one may notice that the student rotates head and eyes in a 90° arc, however, when no object is present, the individual is observed to do this same behavior.

When looking at the Guide, you will notice that at the bottom of each of the assessment items there are four boxes with the letters "da", "tr", "ti" and "c" which stand for days, trials, time and correct. The intent of these boxes is to record the length of time it took the individual to achieve this objective. Depending upon the task, the total number of days that the task was presented, the number of trials to successfully reach criterion, the total time spent on the task, and the total number of correct responses can be recorded. The information for this part of the Guide is obtained after the instructional plan has been implemented and the task achieved. Procedures for establishing educational objectives, developing instructional plans, and evaluating pupil progress are discussed in subsequent sections of this Guide.

Interpretation

Two major outcomes from the CAG profile are: 1) the identification of deficit areas to be considered for future programming; and 2) the indication of which sensory modality, motor responses and motivation factors are to be incorporated into the design of each instructional task.

The next section of the IAG provides a more detailed delineation of the skills assessed in the fourteen sections covered in the CAG. These detailed taxonomies should be used selectively in those major deficit areas chosen for future programming.

DEVELOPMENTAL TAXONOMIES

RATIONALE

SCORING STRATEGIES

SKILL OBSERVATION STRATEGIES

RATIONALE

UTILIZATION

18

Criteria

SENSORY DEVELOPMENT			MOTOR DEVELOPMENT	
Tactile	Auditory	Visual	Gross	Fine
1) given hot and cold water on tummy responds with movement within 2 seconds	6) shows body response to loud sound within 1 second	11) given flashlight stimulus, blinks or moves head within 1 second	16) given physical prompt to chin, holds head up for 3 seconds	21) given a physical prompt, brings hands to midline and claps them 2 out of 3 times
2) given visual or auditory stimulus, extends arms and touches object 2 out of 3 times	7) given bell sound, turns head in direction of sound within 1 second, 2 out of 3 times	12) given new visual stimulus, orients eyes toward object for at least 5 seconds	17) maintains body weight on elbow for 1 minute	22) given a 2" object, flings object upon verbal command 2 out of 3 times
3) given 1" dowel shaped object, holds for at least 30 seconds	8) ceases inappropriate behavior on verbal command of "no"	13) horizontally tracks past midline greater than a 90 degree arc, 2 out of 3 times	18) brings self from prone to side sitting position and maintains position for 1 minute	23) given 6 2" blocks, builds tower
4) given set of objects reaches out, holds and manipulates objects for at least 60 seconds	9) given adult babble of child's babble, "ba, ba" child echoes "ba, ba", within 2 seconds, 2 out of 3 times	14) moves head in direction of fallen object	19) assumes creeping position independently and creeps 3 feet	24) snaps 2 out of 3 1" snaps
5) given verbal cue "soft", picks up 2 soft objects out of set of 6 with various textures	10) changes body movement in response to rhythm of a song	15) given name of familiar object in a set of unfamiliar objects picks familiar objects 2 out of 3 times	20) brings self to standing position using physical prompt and stands for at least 1 minute	25) given 1" beads, willstring at least 4 within 2 minutes

legend:
da - days
tr - trials
ti - time
c - correct

PENNSYLVANIA TRAINING MODEL CURRICULUM ASSESSMENT GUIDE

Student's Name ____________
Date ____________
Instructor ____________

Assessment Items

SENSORY DEVELOPMENT												MOTOR DEVELOPMENT							
Tactile				Auditory				Visual				Gross				Fine			
1) responds to tactile stimulation				6) reacts positively or negatively to loud noise				11) responds to light				16) holds head in prone position				21) claps hands			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
2) brushes or briefly touches object				7) turns head toward source of loud noise				12) eyes fix on object momentarily				17) assumes elbow rest				22) flings ball without direction			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
3) holds object				8) responds to "no"				13) horizontally tracks past midline				18) side sits				23) builds tower of 5-6 blocks			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
4) explores shape and texture of objects				9) echoes babbling				14) looks for fallen objects by bending over				19) creeps				24) snaps			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
5) ability to discriminate objects				10) changes activity with change of sound				15) identifies familiar objects by sight				20) brings self to standing position				25) strings beads			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c

Criteria

ACTIVITIES OF DAILY LIVING

Feeding & Drinking	Toilet Training	Dressing & Undressing	Washing & Bathing	Nasal Hygiene	Oral Hygiene
26) given physical prompt on throat, makes swallowing response 2 out of 3 times	31) given solid diet at regular intervals, retains urine for at least 1 hr., 3 out of 5 class-time hours	36) upon verbal command, independently pulls sock off 3 out of 5 times	41) given wash cloth, brings it in contact with body 2 out of 3 times	46) given tissue & placement of child's hands in proximity to nose, wipes nose 2 out of 3 times	51) opens mouth when presented with a toothbrush 2 out of 3 times
27) maintains finely chopped food in mouth with lips closed for 3 seconds	32) when placed on potty/toilet, remains sitting for 5 minutes with visual supervision, 3 out of 5 times	37) upon verbal command, independently takes pants off 3 out of 5 times	42) given wash cloth and soap, applies soap to cloth 2 out of 3 times	47) given tissue and verbal command, blows nose 2 out of 3 times	52) leaves mouth open for toothbrushing episode
28) chews chopped food using lateral tongue movements, 2 out of 3 spoonfuls	33) when placed on potty/toilet, urinates or has bowel movement 3 out of 5 times	38) upon verbal command, independently takes shirt off 3 out of 5 times	43) picks up wash cloth and washes all body parts except face independently	48) gestures for assistance 2 out of 3 times when in need of nose cleaning	53) given toothbrush with toothpaste, brushes teeth
29) given ½ cup of liquid, brings cup to mouth & drinks 2 out of 3 times	34) displays observable gesture resulting in success on potty/toilet 100% of the time	39) upon verbal command, puts coat on 3 out of 5 times	44) given a towel and verbal command, dries water from limbs	49) secures tissue when necessary to clean nose 2 out of 3 times	54) given verbal command, applies toothpaste and brushes teeth
30) given plate with edges & teaspoon, scoops food & inserts in mouth 2 out of 3 times	35) toilets, wipes and dresses independently 100% of the time	40) buttons 1" buttons 2 out of 3 times	45) washes and dries self independently	50) cleans nose independently	55) brushes teeth independently

Assessment Items

ACTIVITIES OF DAILY LIVING

Feeding & Drinking				Toilet Training				Dressing & Undressing				Washing & Bathing				Nasal Hygiene				Oral Hygiene			
26) swallows when stimulated externally				31) retains urine for 1 hour				36) takes socks off				41) attempts to wash with a washcloth				46) wipes nose				51) opens mouth for toothbrushing			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
27) retains food in mouth				32) stays on potty with supervision				37) takes pants off				42) applies soap to washcloth				47) blows nose				52) leaves mouth open			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
28) moves jaw up and down independently				33) bowel-bladder control regulated to certain times				38) takes shirt off				43) washes all parts of body except face				48) recognizes need to clean nose and seeks assistance				53) brushes teeth with assistance			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
29) drinks from cup				34) gestures toilet needs				39) puts coat on				44) dries self with assistance				49) secures a tissue to clean nose				54) puts toothpaste on brush with assistance			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
30) eats independently using spoon				35) toilets independently				40) buttons				45) washes and dries self independently				50) cleans nose independently				55) brushes teeth independently			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c

Criteria

COMMUNICATION	PERCEPTUAL COGNITIVE	SOCIAL AND EMOTIONAL DEVELOPMENT		COMMENTS
Communication	Perceptual-Cognitive	Social Interaction	Behavior Compliance	
56) given verbal command "look at me", orients head or body to adult within 1 second of the request 2 out of 3 times	61) given cup & edible object, when object is placed under cup, will pursue 2 out of 3 times	66) adult smiles at child, reciprocates with smile within 1 second	71)	
57) given motor demonstration of a clap, claps 2 out of 3 times	62) given 3 pictures of children of same sex, will point to picture of himself	67) given command to roll the ball to familiar person, follows thru 2 out of 3 times	72)	
58) given "where's your nose?", points to nose 2 out of 3 times	63) given verbal command to find a familiar object, which is in close proximity, obtains object 2 out of 3 times	68) given another child, verbalizes to and/or touches other child spontaneously	73)	
59) imitates 1 syllable sound 2 out of 3 times	64) given familiar object and "what's this?", names object 2 out of 3 times	69) given a group with toys, observe child offering toy to another child	74)	
60) spontaneously verbalizes 1 word	65) given a picture of 3" circle & verbal command "make a circle", draws circle 2 out of 3 times	70) given a game involving 3 other children & adult, child takes turn	75)	

Assessment Items

COMMUNICATION				PERCEPTUAL COGNITIVE				SOCIAL AND EMOTIONAL DEVELOPMENT								COMMENTS
Communication				Perceptual-Cognitive				Social Interaction				Behavior Compliance				
56) responds to "look at me"				61) lifts cups to obtain object underneath				66) smiles in response to facial expression of others				71)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	
57) imitates motor activity				62) recognizes self in picture				67) interacts with familiar persons				72)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	
58) identifies body parts				63) finds shoes, colthing and toys				68) plays with one other child				73)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	
59) verbally imitates				64) responds to "what's this?"				69) offers toy to other children				74)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	
60) spontaneously verbalizes				65) copies circle				70) takes turn				75)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	

DEVELOPMENTAL TAXONOMIES

Rationale

The developmental taxonomies are detailed sequences of behaviors in each of the previously identified CAG curriculum areas. These taxonomies parallel the typical areas listed on the CAG and are intended to guide the teacher's observations in indicated curriculum areas of concern.

Caution is advised in attempting to teach minute behaviors such as some of those listed in the taxonomies because the order and importance of these finite steps differ for each child. However, the major steps indicated in the CAG do parallel accepted developmental sequences. One should therefore view the minute steps as possible enroute objectives between major developmental pinpoints.

Scoring Strategies

These taxonomies are intended as observation guides and not checklists and, therefore, a flexible scoring system has been devised. Teachers are advised to develop their own criteria for determining whether a given behavior was present or absent. The purpose of the observation is to note where to begin teaching a given skill and what instructional variables to include in the activity design.

Indication of presence or absence of a behavior is scored by an "o" for observed and an "x" for not observed. A "u" can also be scored when the performance is questionable. Some skills when cued verbally result in no behavior change, but when paired with an additional cue (physical prompt) will be manifested. These additional codes are provided to assist the teacher in scoring prompt (p), gestures (g) and verbal cue (v).

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ____________________ TEACHER ____________________

DATE ____________________

INSTRUCTIONAL UNIT
SENSORY DEVELOPMENT

AUDITORY DISCRIMINATION

Scoring: 0 - Observed (if applicable) P - Physical Prompt
X - Not Observed G - Gesture
U - Unknown V - Verbal Cue

________ 1. Child searches for sound with eyes.
________ 2. Child turns head toward source of loud sound.
________ 3. Child reacts positively or negatively to loud noise.
________ 4. Child moves body toward loud sound.
________ 5. Child identifies source of loud sound.
________ 6. Child responds to "no".
________ 7. Child changes activity with change of sound.
________ 8. Child listens to echo.
________ 9. Child listens to own voice recorded.
________ 10. Child listens to music.
________ 11. Child listens to stories.
________ 12. Child listens to imitate.
________ 13. Child demonstrates ability to identify animal sounds.
________ 14. Child demonstrates ability to identify mechanical sounds; ie., cars, trucks, trains, airplanes, etc.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ______________________ TEACHER ____________________

DATE ______________________________

INSTRUCTIONAL UNIT
SENSORY DEVELOPMENT

VISUAL DISCRIMINATION

Scoring: 0 - Observed (if applicable) P - Physical Prompt
X - Not Observed G - Gesture
U - Unknown V - Verbal Cue

_______ 1. Child turns eyes towards light.
_______ 2. Child's eyes fix on object momentarily.
_______ 3. Child horizontally tracks within 90-degree arc (not crossing midline).
_______ 4. Child horizontally tracks past midline (greater than 90-degree arc).
_______ 5. Child diagonally tracks past midline (greater than 90-degree arc).
_______ 6. Child horizontally tracks within 180-degree arc--eyes and head.
_______ 7. Child moves eyes independently of head in 180-degree arc.
_______ 8. Child follows vanishing stimulus with eyes.
_______ 9. Child follows object moving in circular path.
_______ 10. Child follows moving object held eighteen (18) inches from eyes.
_______ 11. Child looks for fallen objects by bending over.
_______ 12. Child follows moving object along floor ten (10) feet away.
_______ 13. Child follows object dangling on string ten (10) feet away.
_______ 14. Child identifies familiar objects by sight.
_______ 15. Child identifies objects as same when position/settings change.
_______ 16. Child matches objects, colors, lengths, size, shape.
_______ 17. Child sorts objects, size, shape, color.
_______ 18. Child makes fine visual discrimination between objects such as colors, sizes, shapes and letters.
_______ 19. Child identifies missing parts of pictures.
_______ 20. Child reports dominant object in visual field.
_______ 21. Child identifies whole object/design when viewed in part.

________ 22. Child recalls three objects after 10-second exposure when less than one minute has elapsed.
________ 23. Child recalls more than three objects after 10-second exposure.
________ 24. Child performs tasks using gross eye/hand coordination movements.
________ 25. Child performs tasks using fine eye/hand coordination movements.
________ 26. Child recognizes differences in sizes by sight.
________ 27. Child recognizes specific shapes by sight.
________ 28. Child matches according to size.
________ 29. Child matches according to shape.
________ 30. Child sorts according to size.
________ 31. Child sorts according to shape.
________ 32. Child sorts according to color.
________ 33. Child names item in photograph.
________ 34. Child names item in four-color illustration.
________ 35. Child names item in line drawing.
________ 36. Child associates photograph with drawing of an object.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ____________________ TEACHER ____________________

DATE ____________________

INSTRUCTIONAL UNIT
MOTOR DEVELOPMENT

GROSS MOTOR

Scoring: O - Observed (if applicable) P - Physical Prompt
X - Not Observed C - Gesture
U - Unknown V - Verbal Cue

________ 1. Relax spasticity.
________ 2. Correct body alignment.
________ 3. Direct body movement.
________ 4. Increase voluntary movement on the part of the child.
________ 5. Extend child's arms.
________ 6. Open child's hands.
________ 7. Physically direct child to touch objects.
________ 8. Physically direct and assist child in clutching objects.
________ 9. Physically direct and assist child in grasping objects.
________ 10. Physically direct and assist child to pick up and hold objects.
________ 11. Child moves head in direction of stimulation.
________ 12. Child turns head in prone position.
________ 13. Child lifts head in prone position.
________ 14. Child lifts head and shoulders in prone position.
________ 15. Child assumes elbow rest.
________ 16. Child sits with support.
________ 17. Child side sits with assistance.
________ 18. Child side sites unassisted.
________ 19. Child brings self to a sitting position with assistance.
________ 20. Child brings self to a sitting position without assistance.
________ 21. Child rolls supine to prone.
________ 22. Child exhibits ability to move arms and legs in directed movement.
________ 23. Child exhibits ability to move arms and legs in self-directed movement
________ 24. Child crawls.
________ 25. Child exhibits protective extension of arms forward.
________ 26. Child exhibits equilibrium reactions when prone.
________ 27. Child exhibits equilibrium reactions when supine.
________ 28. Child maintains creeping position with assistance.
________ 29. Child maintains creeping position alone.
________ 30. Child assumes creeping position.
________ 31. Child gets on hands and knees and rocks.
________ 32. Child exhibits ability to move arms and legs in left-right progression with directed movement.

________ 33. Child creeps on hands and knees.
________ 34. Child allows self to be brought to a standing position.
________ 35. Child brings self to a standing position with assistance.
________ 36. Child brings self to a standing position unassisted.
________ 37. Child stands with support.
________ 38. Child maintains balance in the standing position.
________ 39. Child cruises sideways with assistance.
________ 40. Child cruises sideways without assistance.
________ 41. Child moves legs and arms in left-right progression.
________ 42. Child walks with assistance.
________ 43. Child walks without assistance.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME______________________ TEACHER__________________

DATE______________________________

INSTRUCTIONAL UNIT
MOTOR DEVELOPMENT

FINE MOTOR

Scoring: O - Observed (if applicable) P - Physical Prompt
X - Not Observed G - Gesture
U - Unknown V - Verbal Cue

_______ 1. Child will, while lying on back, follow a moving object or a light with his eyes from the center 2 inches to the left and right side of his head.
_______ 2. Child will grasp a toy that is placed in his hand and hold it 3 seconds.
_______ 3. Child will bring his hands to face and look at them.
_______ 4. Child will hold toy placed in his grasp for 10 seconds.
_______ 5. Child will reach out in an attempt to grasp an object held in front of him.
_______ 6. Child will move an object held in his hand to his mouth.
_______ 7. Child will feel object placed in his hands by moving his fingers and hands around object.
_______ 8. Child will fling ball, toy or paper without direction.
_______ 9. Child will transfer toy from grasp of one hand to grasp of the other.
_______ 10. Child will clap his hands together in imitation of an adult.
_______ 11. Child will roll a ball to an adult in imitation.
_______ 12. Child will place 3 blocks in a cup in imitation of an adult.
_______ 13. Child will place 4 rings on a peg in any order.
_______ 14. Child will place large peg into hole in pegboard.
_______ 15. Child will build a tower of 2 blocks by watching an adult.
_______ 16. Child will hold a book and grasp several pages and turn them.
_______ 17. Child will throw ball haphazardly without regard to distance or direction.
_______ 18. Child will string at least 4 beads.
_______ 19. Child will grasp and place a medium peg in pegboard without aid.
_______ 20. Child will unwrap candy.
_______ 21. Child will turn pages of a book, one at a time.
_______ 22. Child will throw a large ball with direction.
_______ 23. Child will catch a large ball from a distance of 3 feet.

38

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ____________________ TEACHER ____________________

DATE ______________________________

INSTRUCTIONAL UNIT
SELF-CARE DEVELOPMENT

FEEDING - DRINKING

Scoring: 0 - Observed (if applicable) P - Physical Prompt
X - Not Observed G - Geature
U - Unknown V - Verbal Cue

________ 1. Child opens mouth when physically stimulated.
________ 2. Child closes mouth when physically stimulated.
________ 3. Child takes fluid from a dropper while in a reclining position.
________ 4. Child retains liquid in mouth without dribbling.
________ 5. Child swallows when stimulated externally.
________ 6. Child swallows independently.
________ 7. Child performs sucking reflex indiscriminately.
________ 8. Child performs sucking reflex with oral stimulation.
________ 9. Child sucks fluids from nipple.
________ 10. Child reaches in direction of bottle (nipple) with mouth when being fed.
________ 11. Child moves jaw up and down in response to adult's three finger feeding control.
________ 12. Child moves jaw up and down independently.
________ 13. Child moves tongue in lateral movement when stimulated.
________ 14. Child moves tongue in lateral movement independently.
________ 15. Child simultaneously moves jaws up and down and tongue in lateral movement.
________ 16. Child opens mouth voluntarily at sight of spoon.
________ 17. Child opens mouth and voluntarily takes pureed food from spoon with upper lip.
________ 18. Child opens mouth and coordinates lips to remove food from a spoon.
________ 19. Child swallows pureed food.
________ 20. Child accepts finely chopped food in mouth.
________ 21. Child holds food in mouth without dribbling.
________ 22. Child chews with lips closed.
________ 23. Child swallows masticated foods.
________ 24. Child accepts chopped food into mouth.
________ 25. Child retains chopped food in mouth.
________ 26. Child masticates chopped food.
________ 27. Child swallows masticated food.
________ 28. Child touches bottle when held by adult.
________ 29. Child holds bottle when held by adult.
________ 30. Child grasps bottle independently while sucking.

________ 31. Child sucks finger food placed in mouth by adult.
________ 32. Child masticates finger food placed in mouth.
________ 33. Child swallows finger foods.
________ 34. Child squeezes and smears pieces of food on table.
________ 35. Child lifts finger food to mouth.
________ 36. Child places finger food in mouth.
________ 37. Child retains finger food in mouth.
________ 38. Child sucks finger food in mouth.
________ 39. Child masticates finger food.
________ 40. Child swallows finger food.
________ 41. Child accepts small pieces of solid food.
________ 42. Child retains small pieces of solid food.
________ 43. Child sucks on small pieces of solid food.
________ 44. Child masticates small pieces of solid food.
________ 45. Child swallows small pieces of solid food.
________ 46. Child retains food in mouth.
________ 47. Child brings solid food to mouth - holds independently.
________ 48. Child bites off food self-held.
________ 49. Child accepts liquid from cup when held by adult.
________ 50. Child retains liquid in mouth without dribbling.
________ 51. Child swallows liquid.
________ 52. Child touches partially full cup and accepts liquid from cup held by adult.
________ 53. Child closes mouth and retains liquid.
________ 54. Child holds cup partially full independently with two hands and accepts liquid from cup which has been brought to mouth by adult.
________ 55. Child independently brings partially full cup to mouth and accepts liquid - holding cup.
________ 56. Child independently brings partially full cup to mouth and drinks liquid holding cup with one hand.
________ 57. Child independently brings full cup to mouth and accepts liquid.
________ 58. Child replaces partially filled cup on table with assistance.
________ 59. Child replaces cup on table independently.
________ 60. Child replaces cup on table independently without spilling.
________ 61. Child grabs spoon with aid of adult.
________ 62. Child balances food on spoon with aid of adult.
________ 63. Child brings food to mouth with aid of adult.
________ 64. Child holds spoon and brings food to mouth guided by adult.
________ 65. Child lifts food on spoon to mouth independently.
________ 66. Child inserts spoon in mouth turning spoon.
________ 67. Child inserts spoon in mouth keeping bowl straight.
________ 68. Child places spoon in dish with aid of adult.
________ 69. Child places spoon in dish guided by adult.
________ 70. Child places spoon in dish independently.
________ 71. Child scoops small amount of food onto spoon with aid from adult.
________ 72. Child scoops small amount of food onto spoon with guidance from adult.

________ 73. Child scoops small amount of food onto spoon using bowl as guide edge.
________ 74. Child independently scoops small amount of food from plate with edge.
________ 75. Child scoops small amount of food onto spoon independently using dominant hand.
________ 76. Child independently scoops small amount of food from edgeless plate, without pushing food off the plate.
________ 77. Child pierces food using fork with adult's assistance.
________ 78. Child pierces food using fork independently.
________ 79. Child brings fork with piece of food on it to mouth.
________ 80. Child returns empty fork to bowl or plate.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ____________________ TEACHER ______________________

DATE ____________________________

INSTRUCTIONAL UNIT
SELF-CARE DEVELOPMENT

TOILETING

Scoring: 0 - Observed (if applicable) P - Physical Prompt
X - Not Observed G - Gesture
U - Unknown V - Verbal Cue

_______ 1. Child exhibits movement in reponse to physical stimulus by others.
_______ 2. Child demonstrates a reaction to stimulation in genital area.
_______ 3. Child responds to warm water in genital area.
_______ 4. Child responds to manual stimulation on external and internal thighs.
_______ 5. Child is capable of chewing and swallowing finest chopped food.
_______ 6. Child is capable of chewing and swallowing chopped food.
_______ 7. Child is capable of chewing and swallowing bite sized food.
_______ 8. Child is using bottle at frequent times for fluid intake.
_______ 9. Child is using bottle to supplement nutritional level, and is not dependent upon it as the sole source of sustenance.
_______ 10. Child is using bottle or glass for satisfaction of thirst.
_______ 11. Child produces a solid stool once or twice a day.
_______ 12. Child produces a solid stool once a day.
_______ 13. Child produces a solid stool once a day at a regular time.
_______ 14. Child urinates at some given times; i.e., after naps, meals, activities.
_______ 15. Child is dry for one to two hours permitting a toilet training schedule to be implemented.
_______ 16. Child demonstrates head balance in sitting position with assistance.
_______ 17. Child demonstrates upper torso balance in sitting position with lower extremities held.
_______ 18. Child demonstrates head balance in sitting position without restraint.
_______ 19. Child demonstrates upper torso balance in sitting without restraint.
_______ 20. Child can maintain a sitting position without assistance for 5 minutes.
_______ 21. Child will remain on potty with direct assistance for 5 minutes.

________ 22. Child will stay on potty chair with constant supervision for 5 minutes.

________ 23. Child will stay on potty chair with limited supervision for 5 minutes.

________ 24. Child will stay on potty chair with no supervision for 5 minutes.

________ 25. Child will remain on toilet for 5 minutes when held by an adult.

________ 26. Child will remain on toilet for 5 minutes when prompted by an adult.

________ 27. Child demonstrates the upper extremity strength to balance body weight in moving self to sitting position.

________ 28. Child demonstrates the arm and hand control to hold himself on potty with arms, and toilet without arms to maintain balance.

________ 29. Child can use arm control to lift and slide from potty and later toilet.

________ 30. Child responds inconsistently in bowel habits when on the potty or toilet.

________ 31. Child responds and begins to display some consistent body awareness and resulting muscle control to being placed on the potty.

________ 32. Child responds inconsistently in bowel habit to being placed on a toilet at a specified period.

________ 33. Child responds inconsistently to bladder control when placed on or in front of toilet or standing urinal.

________ 34. Child responds and begins to display some consistent body awareness and resulting muscle control to being placed on, or in front of toilet or standing urinal.

________ 35. Bowel and bladder control regulated to certain times of the day, regular success on the toilet.

________ 36. Gestures toilet needs.

________ 37. Moves to toilet unattended.

________ 38. Child grasps waistband of pants with palmer movement with thumb inside the band.

________ 39. Child pushes outer pants to knee level.

________ 40. Child grasps band of underpants with thumb inside the band, on each side, and pulls up.

________ 41. Child pulls up outer pants in same manner as underpants.

________ 42. Child cares for personal cleanliness in bathroom.

________ 43. Child uses toilet appropriately and independently.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ____________________ TEACHER ______________________

DATE ______________________________

INSTRUCTIONAL UNIT
SELF-CARE DEVELOPMENT

DRESSING

Scoring: 0 - Observed (if applicable) P - Physical Prompt
X - Not Observed G - Gesture
U - Unknown V - Verbal Cue

________ 1. Child pulls sock off when it is just over his toes.
________ 2. Child pulls sock off when it is placed at his mid-foot.
________ 3. Child pulls sock off when it is positioned at the heel.
________ 4. Child pulls sock off when it is around the ankle.
________ 5. Child removes sock independently.
________ 6. Child pulls sock on from ankles.
________ 7. Child pulls sock on from heel.
________ 8. Child pulls sock on from mid-foot.
________ 9. Child pulls sock on from when they have been placed just over his toes.
________ 10. Child puts sock on independently.
________ 11. Child takes pants off when just one foot is in pant leg and the pants are down by ankles.
________ 12. Child takes pants off when both feet are in pant legs and pants are down by ankles.
________ 13. Child takes pants off when they are by his knees.
________ 14. Child takes pants off when they are positioned by hips.
________ 15. Child takes pants off independently.
________ 16. Child pulls pants on when they are by his hips.
________ 17. Child pulls pants up from knees.
________ 18. Child pulls pants up from ankles.
________ 19. Child puts one foot in pant leg and pulls pants up.
________ 20. Child puts pants on independently.
________ 21. Child removes shirt when it is sitting on top of his head.
________ 22. Child removes shirt when it is at eye level on his face.
________ 23. Child removes shirt when it is around his neck.
________ 24. Child releases one arm from the armhole and pulls the shirt up and over his head.
________ 25. Child releases both arms from the armholes and pulls shirt up and over his head.
________ 26. Child removes shirt when it is placed at mid-stomach.
________ 27. Child removes shirt independently.

________ 28. Child pulls shirt down from mid-stomach.
________ 29. Child pulls shirt down from under armpits.
________ 30. Child puts one arm in armhole and pulls shirt into position.
________ 31. Child puts both arms in armholes and pulls shirt into position.
________ 32. Child pulls shirt down from eye level, puts both arms in armholes and pulls shirt into position.
________ 33. Child puts shirt on independently.
________ 34. Child takes shoes off when only tips of toes are in them.
________ 35. Child takes shoes off when heel and back part of foot are released from shoe.
________ 36. Child takes shoe off independently.
________ 37. Child puts shoe on by pushing heel into proper position.
________ 38. Child puts shoe on when heel is completely out of shoe.
________ 39. Child puts shoe on when just tips of toes are in shoe.
________ 40. Child puts shoe on independently.
________ 41. Child takes hat off when it is sitting on top of his head.
________ 42. Child takes hat off when it is pulled halfway into position.
________ 43. Child takes hat off independently.
________ 44. Child puts hat on when it is placed halfway on head.
________ 45. Child puts hat on when it is sitting on top of his head.
________ 46. Child puts hat on independently.
________ 47. Child removes mitten when thumb is released and mitten is only partially on four fingers.
________ 48. Child removes mitten when it is halfway over thumb and positioned properly over four fingers.
________ 49. Child takes mitten off independently.
________ 50. Child puts mitten on when thumb and four fingers are positioned in it properly and mitten is halfway on.
________ 51. Child puts mitten on when it is only one fourth of the way on.
________ 52. Child puts mitten on independently.
________ 53. Child can take coat off when hand and arm are released from sleeve and coat is sitting on shoulder.
________ 54. Child takes coat off independently.
________ 55. Child puts coat on by pushing arm and hand through armhole when positioned at armhole and rest of coat is positioned.
________ 56. Child puts coat on by bringing arm around back to armhole of coat, placing arm and hand in armhole and bringing coat into proper position.
________ 57. Child puts coat on when it is held for him at side.
________ 58. Child puts coat on independently.
________ 59. Child unsnaps when hands are positioned properly.
________ 60. Child unsnaps independently.
________ 61. Child snaps, when top snap is positioned on bottom, but not fastened.
________ 62. Child snaps independently.
________ 63. Child unzips zipper when zipper is three quarters of the way down.
________ 64. Child unzips when zipper is halfway down.
________ 65. Child unzips independently.

________ 66. Child zips when zipper is three quarters of the way up.
________ 67. Child zips when zipper is halfway up.
________ 68. Child zips when zipper is one fourth the way up.
________ 69. Child zips independently.
________ 70. Child unbuttons when button is three quarters of the way through buttonhole.
________ 71. Child unbuttons when button is halfway through the buttonhole.
________ 72. Child unbuttons independently.
________ 73. Child buttons when button is three quarters of the way through the buttonhole.
________ 74. Child buttons when button is halfway through buttonhole.
________ 75. Child buttons independently.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ____________________ TEACHER ____________________

DATE ______________________________

INSTRUCTIONAL UNIT
SELF-CARE DEVELOPMENT

WASHING AND BATHING

Scoring:	O - Observed	(if applicable)	P - Physical Prompt
	X - Not Observed		G - Gesture
	U - Unknown		V - Verbal Cue

________ 1. Child remains in bathtub for an extended period of time.

________ 2. Child plays in bathroom sink by keeping hands under running faucet.

________ 3. Child attempts to wash self with a washcloth.

________ 4. Child tries to apply soap to the washcloth.

________ 5. Child washes all parts of his body except face.

________ 6. Child dries self with assistance.

________ 7. Child helps adult wash and dry his face.

________ 8. Child washes and dries hands and face independently.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ____________________ TEACHER ____________________

DATE ______________________________

INSTRUCTIONAL UNIT
SELF-CARE DEVELOPMENT

NASAL HYGIENE

Scoring: 0 - Observed (if applicable) P - Physical Prompt
X - Not Observed G - Gesture
U - Unknown V - Verbal Cue

________ 1. Child does not avoid having his nose cleaned with a tissue.
________ 2. Child recognizes the need to clean nose and seeks assistance.
________ 3. Child cleans nose with assistance.
________ 4. Child tries to clean nose, but is unable to blow nose properly.
________ 5. Child secures a tissue to clean nose independently.
________ 6. Child cleans nose independently.

48

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ____________________ TEACHER ________________________

DATE ______________________________

INSTRUCTIONAL UNIT
SELF-CARE DEVELOPMENT

ORAL HYGIENE

Scoring: 0 - Observed (if applicable) P - Physical Prompt
X - Not Observed G - Gesture
U - Unknown V - Verbal Cue

________ 1. Child is not afraid of toothbrush.
________ 2. Child becomes accustomed to the taste of toothpaste.
________ 3. Child permits adult to brush his teeth.
________ 4. Child brushes own teeth with the assistance of the adult.
________ 5. Child brushes teeth with no assistance.
________ 6. Child puts toothpaste on brush with assistance.
________ 7. Child readies toothbrush and brushes teeth.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME______________________ TEACHER______________________

DATE______________________________

INSTRUCTIONAL UNIT
COMMUNICATION DEVELOPMENT

COMMUNICATION

Scoring: O - Observed
X - Not Observed
U - Unknown

(if applicable) P - Physical Prompt
G - Gesture
V - Verbal Cue

________ 1. Child cries or makes noise indiscriminately.
________ 2. Child responds to loud noise.
________ 3. Child physically moves when noise is made.
________ 4. Child vocally (crying) responds when noise is made.
________ 5. Activity of child diminishes when sound is made.
________ 6. Child reaches or turns toward noise made behind head.
________ 7. Child moves part of body toward direction of noise.
________ 8. Child turns head toward direction of noise.
________ 9. Child looks in general direction of noise.
________ 10. Child looks in general direction of noise within 5 seconds of when noise is made.
________ 11. Child locates sources of sound out of sight by turning head in general direction of sound.
________ 12. Child cries, to angry vocal tone.
________ 13. Child stops crying, smiles, relaxed cooing movement to friendly vocal tone.
________ 14. Child locates sources of sound out of sight by turning in general direction of sound.
________ 15. Child grunts or makes other sound through throat.
________ 16. Child imitates sound.
________ 17. Child imitates gesture made by another person.
________ 18. Child imitates sound made by others.
________ 19. Child discriminately makes throat sounds in response to stimuli.
________ 20. Child indiscriminately babbles.
________ 21. Child imitates own babbling.
________ 22. Child imitates babbling when another person babbles.
________ 23. Child babbles discriminately in response to stimuli.
________ 24. Child makes labial (m,b,p) sounds indiscriminately.

________ 25. Child responds to own name.
________ 26. Activity stops when he/she hears "no-no".
________ 27. Child says "da-da" and "ma-ma".
________ 28. Child uses a variety of sounds.
________ 29. Child combines several vowel sounds.
________ 30. Child attempts to imitate group of words (sentence) by making several sounds in a row, not necessarily with similar inflection (accurate imitation).
________ 31. Child waves and claps in response to verbal request.
________ 32. Child babbles when gesturing (e.g., babbles while pointing) independently.
________ 33. Child indicates wants by pointing and vocalizing (with appropriate inflections, not words) e.g., positive inflection, expressions to unfavorable stimuli (removal of food).
________ 34. Child imitates appropriate number of syllables in simple word.
________ 35. Child imitates beginning sound of simple word appropriately.
________ 36. Child verbally imitates name of object when name of object is shown and said simultaneously (e.g., milk, cup, ball).
________ 37. Child says appropriate name of object when object is shown to him.
________ 38. Child imitates touching and says name of body part when person does this.
________ 39. Child imitates touching of body part when person simultaneously touches body part and says name.
________ 40. Child touches appropriate body part when person says name (person doesn't touch part).
________ 41. Child says body part when person points to it.
________ 42. Child answers "yes-no" questions appropriately.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME ____________________ TEACHER ______________________

DATE _____________________________

INSTRUCTIONAL UNIT
SELF-CARE DEVELOPMENT

SOCIAL INTERACTION

Scoring: O - Observed
X - Not Observed
U - Unknown

(if applicable) P - Physical Prompt
G - Gesture
V - Verbal Cue

________ 1. Child's activity and facial expression show awareness.
________ 2. Child recognizes familiar people.
________ 3. Child smiles in response to facial expression of others.
________ 4. Child quiets in response to attention by adult.
________ 5. Child smiles at familiar person.
________ 6. Child interacts with familiar persons.
________ 7. Child plays pat-a-cake, peek-a-boo.
________ 8. Child plays unattended for short periods of time.
________ 9. Child responds to his name.
________ 10. Child knows own possessions and is aware of keeping them; understands "my", and "me".
________ 11. Child plays near another child.
________ 12. Child imitates other child's behavior.
________ 13. Child plays with one other child.
________ 14. Child will, when directed by adult to do so, share with another child.
________ 15. Child offers his toy to another child.
________ 16. Child will remain in a group with 3-4 other children for quiet time activity, i.e., listening to story told by adult.
________ 17. Child plays with 2-3 other children in an unorganized game.
________ 18. Child will take turns and share.
________ 19. Child imitates and performs for group of other children.

DEVELOPMENTAL TAXONOMIES

STUDENT'S NAME______________________________ TEACHER______________________

DATE______________________________________

INSTRUCTIONAL UNIT

PERCEPTUAL COGNITIVE

Scoring: O - Observed (if applicable) P - Physical Prompt
X - Not Observed G - Gesture
U - Unknown V - Verbal Cue

________ 1. Child reacts to disappearance of familiar person.
________ 2. Child anticipates being lifted.
________ 3. Child responds to sight of bottle.
________ 4. Child performs simple play with rattle.
________ 5. Child observes hands.
________ 6. Child randomly bats at objects within reach.
________ 7. Child reaches in appropriate direction for desired object.
________ 8. Child orients head in direction of fallen object.
________ 9. Child lifts cup to obtain object.
________ 10. Child moves toward interesting object.
________ 11. Child puts object in cup.
________ 12. Child displays playful response to image of self.
________ 13. Child retrieves dropped object within reach.
________ 14. Child attempts to tear objects.
________ 15. Child bangs two objects together.
________ 16. Child pushes caretaker away.
________ 17. Child builds cube tower of two.
________ 18. Child turns two to three pages at a time.
________ 19. Child responds to names of toys, family and clothing.
________ 20. Child hands requested object to caretaker.
________ 21. Child responds correctly to question "What's this?".
________ 22. Child holds crayon.
________ 23. Child scribbles back and forth.
________ 24. Child copies picture of circle upon request.

SKILL OBSERVATION STRATEGIES

Rationale

The intent of the skill observation strategies (SOS) is to guide the teacher in incorporating the assessment information from the CAG and Developmental Taxonomies into functional lesson plans that are within the pupil's range of functioning. The SOS's identify the major program area, specific skill development areas within the major program areas, developmental pinpoints related to the skill development areas and instructional suggestions.

Infield observations and the review of other curricula (see annotated bibliography) indicate the need for an interrelated developmental approach to instructional program planning. It was a common observance to see teachers using instructional cues beyond the pupil's receptive language abilities in certain self-care skills.

Detailing all skill development areas within an instructional objective provides the teacher with a visual means of determining the appropriateness of all facets of the program. For a dressing task the teacher would check to see if the instructional cue was within the pupil's sensory functioning and consistent with his receptive language development. He/she would also determine if the desired response was within the gross and fine motor abilities. Finally, they should also insure that an effective means of providing feedback and motivation to the child is listed.

Utilization

The SOS's are organized in terms of the program areas that are typically incorporated into self-care skills recommended for inclusion in instructional programs for SPH students. Therefore, the order of the program areas follows the same sequence of the CAG with the exception of the location of the activity of daily living skills being located at the end of the sequence.

A recommended procedure for organizing information from the SOS is to check for presence or absence of the areas that are essential for the pupil to have to communicate basic needs and to engage in life maintaining activities. These activities then can be placed in the appropriate columns of the Individual Prescriptive Planning Sheet (IPPS) discussed in the next section.

Consideration should be given to the setting in which skills are taught so that the most naturalistic environmental cues will be present. A dressing program is most appropriately taught in conjunction with a toileting program rather than at a specific mid-morning time slot utilizing the middle of the classroom for instruction.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Auditory	Awareness	Student makes some noticeable behavioral change when presented with an auditory input (startle cry, cessation of movement, change in movement, etc.)	Teacher uses varying auditory inputs (bells, music, clapping, banging, vocalization).
		Student changes activity with change of familiar sounds (voices, lunch trays, etc.).	Teacher makes distinct auditory cues for changes in activities, i.e. coming of lunch is signaled by certain words or signals each day.
	Orientation	Student turns toward source of auditory input.	Teacher uses varying auditory inputs (bells, music, clapping, banging, vocalization). Teacher physically prompts student to turn toward source of auditory input Teacher pairs auditory input with a sensory input to which the student has already acquired a localized response.
		Student searches for source of auditory input.	Teacher uses varying auditory inputs (bells, music, clapping, banging, vocalization). Teacher varies difference in distance of sound source to student.
		Student locates source of auditory input.	Teacher uses varying auditory inputs (bells, music, clapping, ganging, vocalization). Teacher physically prompts student to turn toward source of auditory input. Teacher pairs auditory input with a sensory input to which the student has already acquired a localized response. Teacher varies difference in distance of sound source to student.

<table>
<tr><th>PROGRAM AREA</th><th>SKILL DEVELOPMENT AREA</th><th>DEVELOPMENTAL PINPOINT</th><th colspan="3">INSTRUCTIONAL SUGGESTIONS</th></tr>
<tr><td rowspan="28">Tactile</td><td rowspan="13">Awareness</td><td rowspan="6">Student makes some noticeable behavioral change when presented with tactile input (startle cry, cessation of movement, etc.)</td><td colspan="3">Teacher uses varying degrees of tactile input.</td></tr>
<tr><td>Strong</td><td>Medium</td><td>Light</td></tr>
<tr><td>Sandpaper</td><td>Water</td><td>Feather</td></tr>
<tr><td>Vibrator</td><td>Course cloth</td><td>Flannel</td></tr>
<tr><td>Hair blower</td><td>Shaving cream</td><td>Soft brush</td></tr>
<tr><td colspan="3">Teacher presents tactile input to areas of the body.</td></tr>
<tr><td rowspan="6">Student makes total body movements, both arms and legs when presented with tactile input (often withdrawal).</td><td colspan="3">Teacher uses varying degrees of tactile input.</td></tr>
<tr><td>Strong</td><td>Medium</td><td>Light</td></tr>
<tr><td>Sandpaper</td><td>Water</td><td>Feather</td></tr>
<tr><td>Vibrator</td><td>Course cloth</td><td>Flannel</td></tr>
<tr><td>Hair blower</td><td>Shaving cream</td><td>Soft brush</td></tr>
<tr><td colspan="3">Teacher presents tactile input to areas of the body.</td></tr>
<tr><td>Student makes localized movements in the body area presented with tactile input.</td><td colspan="3">Teacher physically prompts localized movement while presenting the tactile input.</td></tr>
<tr><td rowspan="15">Orientation</td><td rowspan="6">Student moves total body toward or away from source of tactile input</td><td colspan="3">Teacher uses varying degrees of tactile input.</td></tr>
<tr><td>Strong</td><td>Medium</td><td>Light</td></tr>
<tr><td>Sandpaper</td><td>Water</td><td>Feather</td></tr>
<tr><td>Vibrator</td><td>Course cloth</td><td>Flannel</td></tr>
<tr><td>Hair blower</td><td>Shaving cream</td><td>Soft brush</td></tr>
<tr><td colspan="3">Teacher presents tactile input to areas of the body.</td></tr>
<tr><td rowspan="7">Student moves body part receiving tactile input, toward or away from input source</td><td colspan="3">Teacher uses varying degrees of tactile input.</td></tr>
<tr><td>Strong</td><td>Medium</td><td>Light</td></tr>
<tr><td>Sandpaper</td><td>Water</td><td>Feather</td></tr>
<tr><td>Vibrator</td><td>Course cloth</td><td>Flannel</td></tr>
<tr><td>Hairblower</td><td>Shaving cream</td><td>Soft brush</td></tr>
<tr><td colspan="3">Teacher presents tactile input to areas of the body.</td></tr>
<tr><td colspan="3">Teacher physically prompts localized movement while presenting the tactile input.</td></tr>
<tr><td rowspan="2">Student orients head toward source of tactile input</td><td colspan="3">Teacher physically prompts localized movement while presenting the tactile input.</td></tr>
<tr><td colspan="3">Teacher pairs tactile input with a sensory input to which the student has already acquired a localized response (loud noise, bright light, strong smell).</td></tr>
</table>

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Visual	Attending	Student will make eye contact with a person directly in his visual range.	Teacher moves her face directly into student's line of vision. Teacher physically prompts student to orient his head toward her face. Teacher pairs her face with a sensory input to which the student has already acquired a localiz response.
		Student will fixate on objects placed directly in his visual range.	Teacher moves her face directly into student's line of vision. Teacher physically prompts student to orient his head towards object. Teacher pairs her face with a sensory input to which the student has already acquired a localize response.
		Student will visually attend to objects for extended periods of time.	Teacher places student in an environment with minimal distracting stimuli before presenting an object. Teacher presents objects which give input into more than one sensory modality. Teacher presents novel and/or meaningful stimuli to child and reinforces attending behavior. A game strategy, e.g. peek-a-boo, might be utilized to make attending more worthwhile

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Visual	Tracking	Student visually tracks object placed at midline in a horizontal 90° direction.	Teacher places student in an environment with minimal distracting stimuli before presenting an object. Teacher presents objects which given input into more than one sensory modality. Teacher presents object at student's eye level. Teacher physically prompts student to follow object with head.
		Student visually tracks object placed at midline in an up and down direction.	Teacher places student in an environment with minimal distracting stimuli before presenting an object. Teacher presents objects which given input into more than one sensory modality. Teacher presents object at student's eye level. Teacher physically prompts student to follow object with head.
		Student visually tracks objects horizontally across midline of his body.	Teacher places student in an environment with minimal distracting stimuli before presenting an object. Teacher presents objects which give input into more than one sensory modality. Teacher presents object at student's eye level. Teacher physically prompts student to follow object with head.
		Student visually tracks object in circular or random movements.	Teacher places student in an environment with minimal distracting stimuli before presenting an object. Teacher presents objects which give input into more than one sensory modality. Teacher presents object at student's eye level. Teacher physically prompts student to follow object with head.
		Student seeks object out of his visual field.	Teacher draws student's attention to object before placing it out of his visual field. Teacher presents objects which give input into more than one sensory modality. Teacher presents novel and/or meaningful stimuli to student and reinforces attending behavior. A game strategy, e.g. peek-a-boo, might be utilized to make attending more worthwhile.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Gross Motor	Head	Student moves head from side to side for protective turning.	Teacher places student in prone position and presents stimuli to elicit turning response.
		Student holds head at 45° angle when prone.	Teacher places student in prone position on wedge, extends his arms over the wedge to rest on floor, and presents object in front of student to elicit student's head lifting, i.e. spoonful of food, mirror, favorite toy. Teacher places student prone over large ball in front of mirror to encourage head lifting to view himself in the mirror.
		Student lifts head when supine.	Teacher places student in supine position and presents interesting stimuli by student's feet to encourage head lifting to locate source of visual, tactile or auditory stimulus.
		Student turns head in all directions.	Teacher presents stimuli to elicit turning response.
		Student balances head while in sitting position.	Teacher places child in sitting position, using support if necessary and presents stimuli which the child must lift his head to see or reach for object.
		Student turns head while sitting.	Teacher places child in sitting position, using support if necessary, and presents visual stimuli out of midline, which the student must turn to see or reach for object.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Gross Motor	Trunk	Student rolls from supine to side.	Teacher places student supine then places stimuli to side of student to elicit turning to obtain object.
		Student extends top of spine to hold head in upright position, shoulders and arms forward and bears weight on forearms.	Teacher places student in prone elbow rest position and presents stimuli for the student to manipulate while maintaining position.
		Student rolls from prone to supine.	Teacher places student in prone position and presents stimuli within extended arm grasp but to side, when student attempts to reach move further to side to encourage rolling over while attempting to obtain object.
		Student maintains a straight back position in prone and bears his weight on fully extended arms and open hands.	Teacher places student in prone position, arms fully extended, and presents stimuli to encourage student to maintain position. Teacher places student in prone position, arms extended, and presents objects within reach to encourage weight bearing on one arm and reaching with the other.
		Student rolls supine to prone.	Teacher places student in supine position and turns his head to side to which he should roll and bends leg up and to same side.
		Student sits unsupported.	Teacher places student in sitting position, legs apart and arms extended in front, and presents objects within student's reach.
		Student twists and turns while in sitting position.	Teacher places student in sitting position, legs straight and presents objects above student's head and to side to encourage turning and reaching to obtain object.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Gross Motor	Arms	Student makes random arm movements at side.	Teacher places student in supine position and places noise making and visually attractive mobiles and hanging toys within student's reach to encourage repeated accidental swiping motions.
		Student maintains an elbow rest position.	Teacher places student prone, shoulders and arms forward and bent at elbows, and presents stimuli to encourage play while maintaining this position.
		Student demonstrates directed reach.	Teacher places attractive stimuli within student's reach.
		Student reaches across midline.	Teacher presents attractive stimuli across midline and encourages student to reach to obtain stimuli.
		Student maintains weight on fully extended arms in prone position.	Teacher places student in prone position, arms fully extended, and presents stimuli to encourage student to maintain position.
		Student uses arms in upward play at midline.	Teacher presents toys which require upward lifting movements, i.e. stacking rings, nesting cups, etc. and encourages play.
		Student uses arms in pulling and pushing activities.	Teacher presents pushing and pulling toys, i.e. cars, trucks, corn popper, wagons, etc. and encourages play.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Gross Motor	Legs	Student weight bears briefly.	Teacher positions student in standing position, assuring feet are flat on floor. Teacher supports student firmly at waist. When student's legs straighten and he begins to weight bear, the teacher reduces the support at the waist by reducing the firmness of support at waist.
		Student crawls (tummy on floor).	Teacher places student in prone position on floor and situates student's feet, with legs flexed at knees, against firm surface (wall). Teacher positions himself/herself prone in front of the student with a reinforcer (toy, food). Teacher encourages the student to move forward to obtain the reinforcer. Teacher positions student on prone scooter, placing his/her hands palm down on the floor. Teacher positions himself/herself in front of student with reinforcer and encourages the student to propel himself forward to obtain the reinforcer.
		Student pulls to standing.	Teacher places student in knee walking position near a sturdy piece of furniture. Teacher assists student to put hands on top of furniture (table). Teacher directs student to lean his weight on his hands and push himself bringing one foot from the knee walking position and placing on the floor, pushing up to a standing position.
		Student creeps.	Teacher places student in creeping position, with arms extended. Teacher brings one of the student's knees forward. Teacher kneels in front of student with reinforcer and encourages him/her to propel forward to obtain reinforcer. To practice maintaining the creeping position, teacher places student over pillow (to support trunk) in creeping position, encouraging student to maintain this position, or supports student under tummy with a towel in this position.

Gross Motor, Legs continued

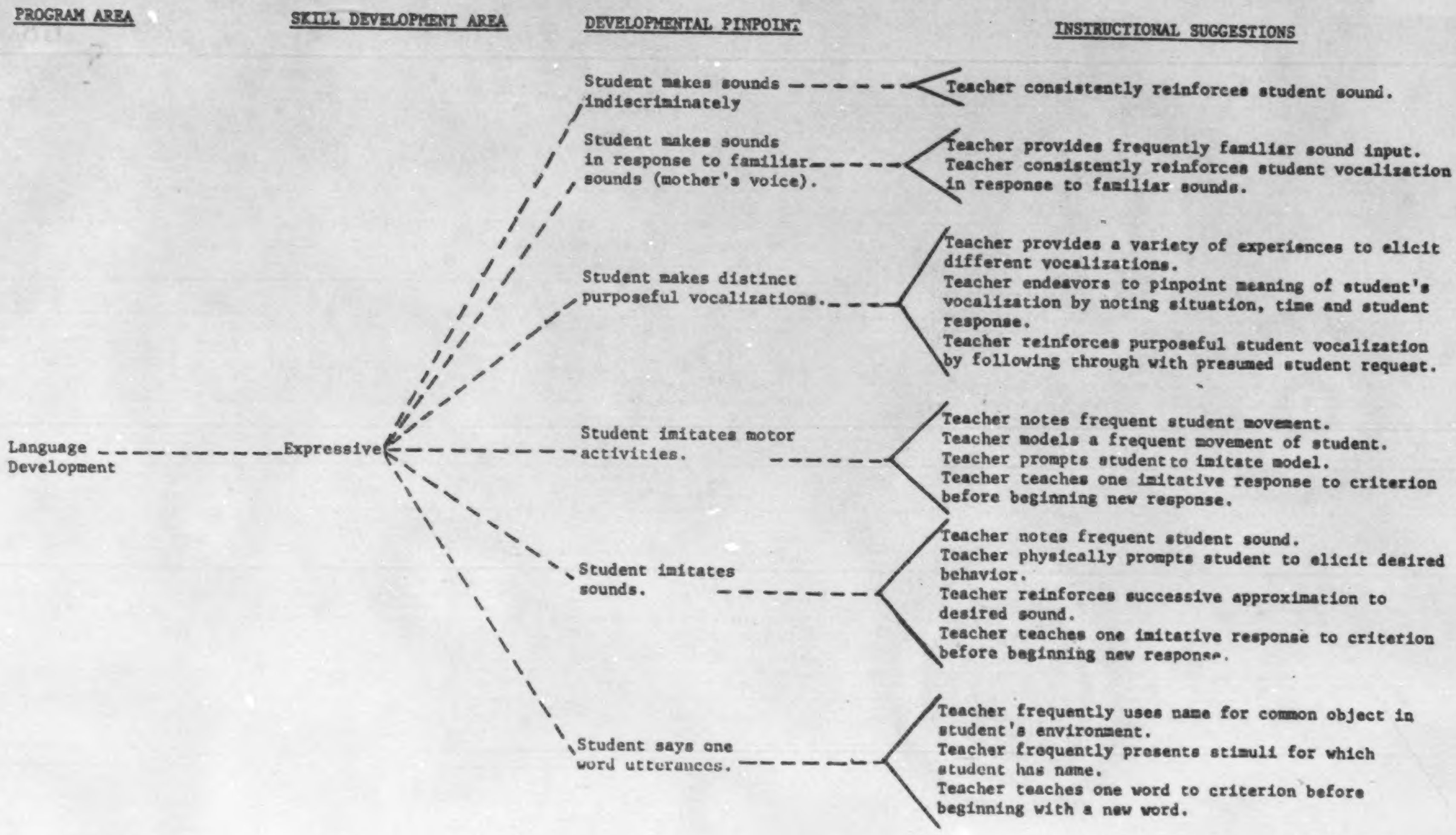
PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Gross Motor	Legs	Student cruises.	Teacher places student in a standing position, holding on with both hands, at long table or row of chairs. Teacher places appropriate reward at end of table and encourages student to move sideways along table or chairs to obtain reward.
		Student sits down from a standing position.	Teacher places student in standing position, at table, and places an object of interest on the floor, making sure the student sees the object. Teacher assists the student in moving his/her hands down legs of table while at the same time bending his knees and lowering his buttocks into a sitting position.
		Student walks while held.	Teacher stands behind student giving support with his/her hands at the student's shoulders. Teacher prompts child to move forward in an alternating pattern by touching the back of the student's leg with his/her leg at the same time the teacher gives a physical prompt to the student at the appropriate shoulder.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Fine Motor	Eye	Student's eyes fixate on object.	Teacher should use objects attractive to student, i.e. flashlight, shiny bells, cookie pan. Teacher pairs visual stimuli with a stimuli to which the student already attends, i.e. sound, tactile. Teacher holds object stationary in student's line of vision.
		Student follows object not across midline.	Teacher encourages student to watch a favorite object as it drops from sight. Teacher holds object in student's line of vision, waits for fixation and then moves object to side. Teacher should use object attractive to student, i.e. flashlight, shiny bells, cookie pan.
		Student follows object across midline.	Teacher holds object in student's line of vision, waits for fixation and then moves object 180° across midline. Teacher should use object attractive to student, i.e. flashlight, shiny bells, cookie pan. Teacher utilizes moving objects, i.e. bubbles, to stimulate tracking.
		Student moves eyes from object to object.	Teacher encourages student to fixate on one object and then attracts his attention to another object, e.g. by banging the second object.

Fine Motor Continued

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Fine Motor	Hand	Student uses reflexive grasp.	Teacher places dowel-shaped object in student's hand and he reflexly closes around it.
		Student brings hands to midline.	Teacher places mobiles and hanging toys at midline to encourage swiping motions.
		Student has voluntary release.	Teacher places heavy object in student's hand, i.e. weighted toys and turns hand palm down.
		Student manipulates objects.	Teacher places touch and shake toys in student's hand and moves into line of vision helping student to shake toy.
		Student has palmer grasp.	Teacher attaches string to dowel-shaped object and places object in student's hands. Once the student has grasped the object teacher gently pulls on string to encourage stronger grasp.
		Student transfers object from one hand to the other.	Teacher presents new object near occupied hand of student and prompts student to transfer already held object to other hand and reach for new object.
		Student has inferior pincer grasp.	Teacher uses small toys that can be held with thumb and few fingers, i.e. one inch blocks, spools.
		Student has pincer grasp.	Teacher presents activities using pieces of cereal, raisins, M & M's, etc.
		Student uses hands separately	Teacher uses toys encouraging use of two hands, i.e. stacking rings, play telephone, jack in the box, etc.
		Student pokes objects with individual fingers.	Teacher uses toys with small holes to stimulate poking, i.e. peg boards, busy box, etc.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Language Development	Receptive	Student responds to familiar voices.	Teacher pairs reinforcement with his/her voice.
		Student responds to name.	Teacher frequently and consistently uses same name for the student and reinforces student's response to name.
		Student responds to simple commands.	Teacher consistently uses same one word command to elicit behavior (come, no, look, stop). Teacher physically prompts student to elicit desired behavior. Teacher reinforces successive approximation to desired responses.
		Student points to familiar objects and body parts.	Teacher teaches one task to criteria before beginning next task. Teacher consistently uses same direction.



PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Language Development	Expressive	Student makes sounds indiscriminately	Teacher consistently reinforces student sound.
		Student makes sounds in response to familiar sounds (mother's voice).	Teacher provides frequently familiar sound input. Teacher consistently reinforces student vocalization in response to familiar sounds.
		Student makes distinct purposeful vocalizations.	Teacher provides a variety of experiences to elicit different vocalizations. Teacher endeavors to pinpoint meaning of student's vocalization by noting situation, time and student response. Teacher reinforces purposeful student vocalization by following through with presumed student request.
		Student imitates motor activities.	Teacher notes frequent student movement. Teacher models a frequent movement of student. Teacher prompts student to imitate model. Teacher teaches one imitative response to criterion before beginning new response.
		Student imitates sounds.	Teacher notes frequent student sound. Teacher physically prompts student to elicit desired behavior. Teacher reinforces successive approximation to desired sound. Teacher teaches one imitative response to criterion before beginning new response.
		Student says one word utterances.	Teacher frequently uses name for common object in student's environment. Teacher frequently presents stimuli for which student has name. Teacher teaches one word to criterion before beginning with a new word.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Perceptual Development	Cognition	Student repeats acts accidentally performed.	Teacher reinforces accidental acts of student. Teacher places student in a position which promotes accidental movement, i.e. student on side is apt to roll.
		Student performs directed action, e.g. connection between movement and result.	Teacher places student in uncomfortable situation, e.g. pillows over face. Teacher places interesting stimuli within student's reach.
		Student searches for missing object, e.g. object permanence.	Teacher shows object to student and then covers object reinforcing student for searching behavior.
		Student demonstrates rudimentary problem solving skills.	Teacher sets up situations where student is required to perform two step process to achieve goal.
	Memory	Student makes anticipatory responses to repeated stimulation.	Teacher gives tactile input to student, i.e. tickling, brushing, stroking, etc. for 5 seconds. Teacher terminates the input for 2 seconds and moves to reinitiate observing for anticipatory movements by the student. Teacher uses other modes of input with same procedure.
		Student makes anticipatory response to familiar situations.	Teacher begins to initiate a familiar situation and waits for student to make an anticipatory response, i.e. teacher presents spoon and student opens mouth; teacher opens outside door and student waves bye-bye.
		Student names objects by broad classification, i.e. student calls all four-legged animals "doggie".	Teacher labels activities and objects with broadest classification available, e.g. calls cereal, apples etc. food.
		Student discriminates between classes (student discriminates between dog and cat).	Teacher presents two quite dissimilar objects, i.e. dog and spoon, to student and asks student to give indicator response to identify object named by teacher. Teacher presents objects more similar, i.e. two animals and follows above procedure.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Social Development	Awareness	Student demonstrates awareness of environmental events.	Teacher waits for anticipatory response before presenting food at feeding. Teacher observes student behavior in response to environmental changes. (i.e. lights on and off)
		Student demonstrates awareness of other persons.	Teacher waits for signs of awareness and/or anticipation before interacting with student.
	Interaction	Student changes behavior when attended to.	Teacher interacts with student and reinforces behavioral changes.
		Student demonstrates responsive smiling.	Teacher interacts with student with animated smile.
		Student reaches or looks to familiar persons.	Teacher works in proximity to child and reinforces student's attempted interaction.
		Student attempts to attract attention by making noise.	Teacher attends to and reinforces appropriate attention seeking student noises.
		Student elicits behavior from another person.	Teacher purposely sets up situations that force student to elicit adult help to achieve desired goal. (i.e. student is given food in container with lid on)
	Co-operation	Student plays simple adult initiated game.	Teacher initiates simple games such as peek-a-boo, patty-cake, so-big.
		Student parallel plays.	Teacher places student in proximity of other children.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINTS	INSTRUCTIONAL SUGGESTIONS
Feeding	Oral	Student uses sucking motion to take liquids.	Teacher uses varying tactile stimulation to enhance sucking motion (i.e. brushing oral area).
		Student swallows liquids and solids without interfering behaviors (i.e. hyperactive gag reflex).	Teacher utilizes various oral desensitization and facilitation strategies to elicit swallowing (i.e. tongue walking and stroking).
		Student uses appropriate chewing movements (i.e. lateral tongue motions).	Teacher presents strips of solids (i.e. ham, cheese, potato sticks, etc.) to side of student's mouth and between teeth.
	Hands	Student grasps finger foods.	Teacher places 2-3 bite-size pieces of food within student's reach.
		Student uses hand to mouth motions.	Teacher employs hand over hand strategy initially and then fades cues as student progresses.
		Student scoops and balances foods on spoon.	Teacher presents food of cohesive nature together with adapted spoon and bowl (i.e. mashed banana).
	Social	Student complies with feeding cues.	Teacher presents verbal cue together with physical prompt at presentation of food and then fades cues and reinforces approximations.
		Student initiates feeding activities upon presentation of food.	Teacher presents food and waits for student response prior to cueing feeding.
		Student exhibits appropriate behavior throughout feeding activity.	Teacher provides contingent reinforcers for behaviors associated with appropriate eating (i.e. sitting, opening mouth, attending, etc.).

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Toileting	Physiological	Student retains urine 1-1½ hours.	Teacher develops monitoring system to record elimination behaviors in 30 minute intervals.
		Student eats solid food.	Teacher uses approximations of finely chopped, chopped and semi-solids to facilitate acceptance of solid foods.
		Student eliminates with regularity.	Teacher observes student's elimination behavior and increases fluid intake to predict probable time of future elimination.
	Motor	Student maintains sitting position for toileting.	Teacher stabilizes and adapts equipment to facilitate a balanced and relaxed sitting position.
		Student exhibits motor coordination necessary to perform wiping motions.	Teacher physically prompts and fades assistance in wiping.
		Student exhibits necessary dressing skills associated with toileting.	Teacher coordinates dressing program with toileting routines.
	Communication	Student demonstrates awareness of elimination.	Teacher observes any noticeable change in student's behavior associated with elimination (crying, head orientation, etc.).
		Student employs informal communicative behaviors to indicate toileting needs (i.e. grasps genitals).	Teacher utilizes expected elimination time periods to observe any approximations to indicate toileting needs.
		Student employs formal language to indicate toileting needs (signs or verbalizations).	Teacher presents formalized language system (i.e. signs and/or verbalizations) when informal toileting cues are evident (i.e. grasping at genitals).
	Hygiene	Student wipes self.	Teacher physically assists student in wiping motion.
		Student washes hands.	Teacher physically assists student in hand washing.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINTS	INSTRUCTIONAL SUGGESTIONS
Dressing	Gross Motor	Student demonstrates sufficient balance to use arms and legs in dressing and undressing tasks.	Teacher positions student to facilitate balance without arm and/or leg support.
		Student bends and extends arms and legs for dressing and undressing tasks.	Teacher physically prompts and fades cues for limb movement.
		Student coordinates limb movement.	Teacher positions student to facilitate coordinated limb movement (i.e. long sitting, sidelying, etc.).
	Fine Motor	Student uses palmer grasp.	Teacher assists student by utilizing hand over hand cue for palmer grasp.
		Student uses pincer grasp.	Teacher models and/or physically prompts utilization of pincer grasp in dressing activities.
		Student coordinates finger movements.	Teacher uses tasks or activities which require coordinated finger movements (i.e. pulling on sock with both hands).
	Communication/ Cognition	Student understands dressing cues.	Teacher consistently uses same cues for eliciting a dressing response and different cue for undressing (i.e. "sock on", "sock off").
		Student generalizes appropriate dressing behaviors.	Teacher presents a number of articles of clothing and reinforces student's initiation of dressing.
		Student discriminates appropriate times and settings for dressing.	Teacher reinforces student's dressing and undressing behaviors at appropriate times and setting.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Washing	Hygiene	Student attempts to wash self.	Teacher models washing activities on themselves.
		Student washes limbs.	Teacher uses hand over hand prompt to assist student in washing.
		Student attempts to dry self.	Teacher uses model and/or physical prompt to assist student in drying himself.
	Social	Student tolerates water.	Teacher introduces bathing activities in water play and washes student in other than bathing setting (i.e. face washing away from sink or bathtub).
		Student allows body to be washed.	Teacher washes student in game format (i.e. plays peek-a-boo with washcloth, etc.).
		Student cooperates in washing activity.	Teacher cues washing routines and fades prompts.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Nasal Hygiene	Social	Student tolerates nose wiping.	Teacher uses game strategy of frequently touching nose and providing reinforcement for appropriate behavior.
		Student indicates awareness of mucous around nose.	Teacher notices student wiping nose with hand or arm and provides tissue modeling correct behavior.
	Hygiene	Student brings tissue to nose.	Teacher physically prompts and/or models hand to nose behavior.
		Student wipes nose.	Teacher models and if necessary physically prompts wiping behavior.
	Communication/ Cognition	Student follows command associated with nose blowing.	Teacher explores different cues and reinforces student's approximations.

PROGRAM AREA	SKILL DEVELOPMENT AREA	DEVELOPMENTAL PINPOINT	INSTRUCTIONAL SUGGESTIONS
Oral Hygiene	Social	Student opens mouth for toothbrushing.	Teacher introduces toothbrush with pleasant tasting food (i.e. sweet flavored baking soda).
		Student allows teeth to be brushed.	Teacher reinforces toothbrushing with pleasurable consequence.
	Hygiene	Student brings brush with paste to mouth.	Teacher brings toothbrush in close proximity to mouth and systematically increases distance.
		Student moves toothbrush in mouth.	Teacher models and/or prompts brushing movements.
	Communication/ Cognition	Student follows command associated with toothbrushing.	Teacher explores different cues and reinforces student's approximations.

INDIVIDUAL PRESCRIPTIVE PLANNING SHEET

RATIONALE

UTILIZATION

Rationale

The learning problems of the SPH have been characterized to include memory generalization and discrimination (Brown, et.al.). Instructional plans that are not consistent in terms of cues, desired expectations, etc. will therefore produce failure. This not due to the pupil's inability to perform but because of the adult's failure to be consistent. The intent of the Individual Prescriptive Planning Sheet is to organize the major components of the instructional program in such a way that consistency in programming will be increased. This format also allows for the analysis of the functionality of each component in assisting the pupil in achieving the desired objectives.

Utilization

The IPPS provides an analysis of the educational program within a selected curriculum area. It is designed to meet the specific needs of the child. The components of the chart are: Antecedents, Behavior, Consequences, Criteria and Comments.

The Antecedent section of the chart is subdivided into preparation and procedures. Preparation is the adult activity to arrange for the instructional program. Included in the preparation section should be such information as the adaptive equipment to be used, any instructional materials, teacher's position, child's position and learning milieu. The learning milieu should include, whenever possible, both the home and school settings. The procedures are those step-by-step behaviors performed by the adult during the instructional program to facilitate the child in responding with the appropriate behavior.

The Behavior section of the chart is also subdivided. The appropriate or right behavior is listed in the Correct column. The inappropriate or wrong behavior is listed in the Error column.

The Consequences section is the third component of the chart. Listed within this category are also Correct and Error columns. The information recorded in the Correct column is that behavior performed by the adult if the child performs the correct behavior. Also listed is the number of times the adult behavior is performed for a set number of correct child responses. Recorded within the Error column is the behavior performed by the adult each time the child responds inappropriately. In addition to the type of adult behavior performed, the number of times the adult performs the behavior for a pre-determined number of incorrect responses by the child is also recorded.

Criteria is the fourth component. The required number of correct responses of a given number of trials is noted within this section. Also noted is the required number of consecutive trials or days required before the particular behavior is established as a learned behavior. Caution is advised in having the student repeatedly perform a task within a short period of time unless it would normally occur in this manner. Feeding, for example, has a repetition nature in terms of a number of spoonfuls to mouth, however, dressing in terms of taking a sock off five times in a row would be unnatural.

100

The last section of the chart is labeled Comments. This component is added to give the instructor an area on the chart to make short notes regarding changes in the program or anecdotal comments regarding any behavioral changes on the part of the child.

INDIVIDUAL PRESCRIPTIVE PLANNING SHEET

Student's Name	Date	Area Involved	Terminal Objective	Educator

ANTECEDENTS (GIVENS)		BEHAVIOR		CONSEQUENCES		CRITERIA	COMMENTS
Preparation	Procedures	Correct	Error	Correct	Error		
1) Mash food. 2) Place food in yellow bowl. 3) Place Dennis' therapy spoon in bowl. 4) Place Dennis in chair with feet & side support. 5) Place chair at lunch table with no other children present. 6) Instructor should sit to Dennis' right side.	1) Place Dennis' right hand around handle of spoon. 2) Instructor should place her right hand over Dennis' right hand. 3) Instructor's left hand supporting right elbow. 4) Guide Dennis' hand to scoop small amount of food from bowl. 5) Direct full spoon to mouth. 6) Give verbal command "eat your food". 7) Instructor should withdraw spoon from Dennis' mouth & guide his hand & spoon back to bowl.	1) Dennis takes food from spoon with lips.	1) More than half the food is left on the spoon.	1) Pat on left shoulder paired with "Dennis eats nicely". 1:1	1) Ignore unsuccessful trial. 1:1	8 out of 10 correct trials for 3 consecutive days.	

INDIVIDUAL PRESCRIPTIVE PLANNING SHEET

Student's Name
Date
Area Involved
Terminal Objective
Educator

ANTECEDENTS (GIVENS)		BEHAVIOR		CONSEQUENCES		CRITERIA	COMMENTS
Preparation	Procedures	Correct	Error	Correct	Error		
1) Mash food. 2) Place food in yellow bowl. 3) Place Dennis' therapy spoon in bowl. 4) Place Dennis in chair with feet & side support. 5) Place chair at lunch table with no other children present. 6) Instructor should sit to Dennis' right side.	1) Place Dennis' right hand around handle of spoon. 2) Instructor should place her right hand over Dennis' right hand. 3) Instructor's left hand supporting right elbow. 4) Guide Dennis' hand to scoop small amount of food from bowl. 5) ~~Direct full spoon to mouth.~~ 6) Give verbal command "eat your food". 7) Instructor should withdraw spoon from Dennis' mouth & guide his hand & spoon back to bowl.	1) Dennis takes food from spoon with lips.	1) More than half the food is left on the spoon.	1) Pat on left shoulder paired with "Dennis eats nicely". 1:1	1) Ignore unsuccessful trial. 1:1	8 out of 10 correct trials for 3 consecutive days.	
	3-16-75 5) Directs full spoon to within 3" of mouth.	3-16-75 2) Puts spoon in mouth from 3" away.	3-16-75 2) Food doesn't get to mouth without adult assistance.				

EVALUATING THE EFFECTIVENESS OF THE INSTRUCTIONAL PROGRAM

CONTINUOUS DATA CHARTS

RATIONALE

INDIVIDUALIZED EVALUATION

GENERAL EVALUATION

Rationale

Collecting data on an individual's performance everyday, or everytime there is an opportunity for the behavior to occur, provides the most sensitive measurement of the individual's progress. Sensitivity in measurement refers to its ability to indicate change in performance. Achievement tests, if administered at the start and end of the year, are not as sensitive as other forms of measurement; one has to wait until the end of the year to observe change, if any occurred.

The instructional objective determines the type of data recorded. Frequency or rate measures are the most popular measure recorded as most educational objectives attempt to either increase or decrease a given behavior. There may be occasions when the length of time an individual does an activity is of interest; if this be the case, then record the seconds or minutes it takes to complete it. The purpose of data collection is to make instructional decisions; the more accurate the data collected, the greater is the probability that a correct educational decision will be made.

How and when to collect data are determined by the amount of time the teacher has to spend recording data and how often the pupil displays the behavior. A teacher who has a minimal amount of time to record data should develop a code such as a checkmark or tally to represent the occurrence of a predefined behavior; i.e., hitting, headbanging, etc. Some behaviors occur more frequently at certain times of the day than at other times of the day. A teacher may only want to record during those fixed periods when the behavior is most frequently observed. Once an effective program has been developed for this specific time period, it could be generalized to other time periods. Low rate behaviors should be counted for longer periods of time than high rate behaviors because a small time sample, like ten minutes, may miss all occurrences of a low rate behavior that occurs twice a day.

Individualized Evaluation

Data collection is possible in every educational setting; it is only a simple matter of designing an efficient method of obtaining the necessary information. Remember to always define the behaviors in observable terms so that anyone can tell when the behavior occurs. Rather than using tally marks to record behaviors, you can code with letters or symbols to give more specific information. Say you were interested in an individual's social interaction, each time the pupil touched another pupil you could write "p" and each time the pupil touched a teacher, you could write "t". For those interested in duration of behaviors, it is a simple matter of recording the time the behavior began and finished.

A table and/or graph organizes the data collected daily into a meaningful display to provide the teacher with a quick, visual read-out of the individual's rate of progress. A table can be constructed in a variety of ways. An example of a table that has a column for the date and two columns for the behaviors recorded is presented:

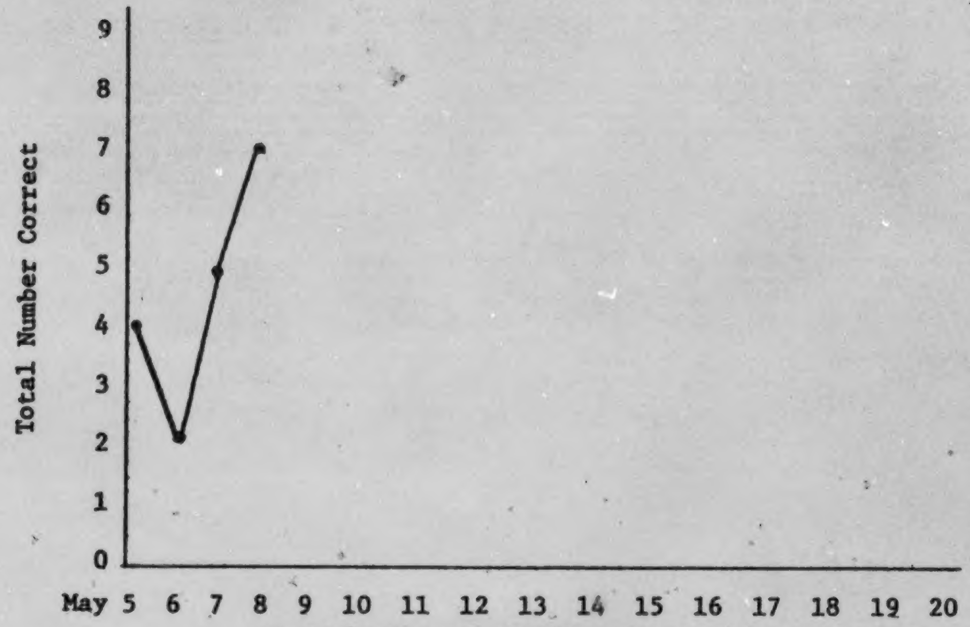
Table 1

Date	Correct	Incorrect
May 5	4	3
May 6	2	4
May 7	5	1
May 8	7	0

The data displayed in the table would suggest that an effective instructional program had been developed, the number of correct responses are increasing and the incorrect responses are decreasing.

A graph displays the behavior in a manner that facilitates observation of trends. For an instructional objective designed to increase the frequency of a behavior, the teacher would plot the data each day and hope that the pattern of the plots was in an upward direction. The correct data presented in the table will be graphed below. The date that the behaviors occurred is indicated on the horizontal line and the quantity of the behavior is indicated on the vertical line. Each data plot is a coordinate of the date and frequency of correct responses in each row of the table. In plotting the data one can go across the bottom of the graph, find the data, go straight up from the date until you reach a horizontal line that corresponds to the frequency you wish to record, and put a mark at that point. The data points are connected so that it is easy to detect trends.

Table 2

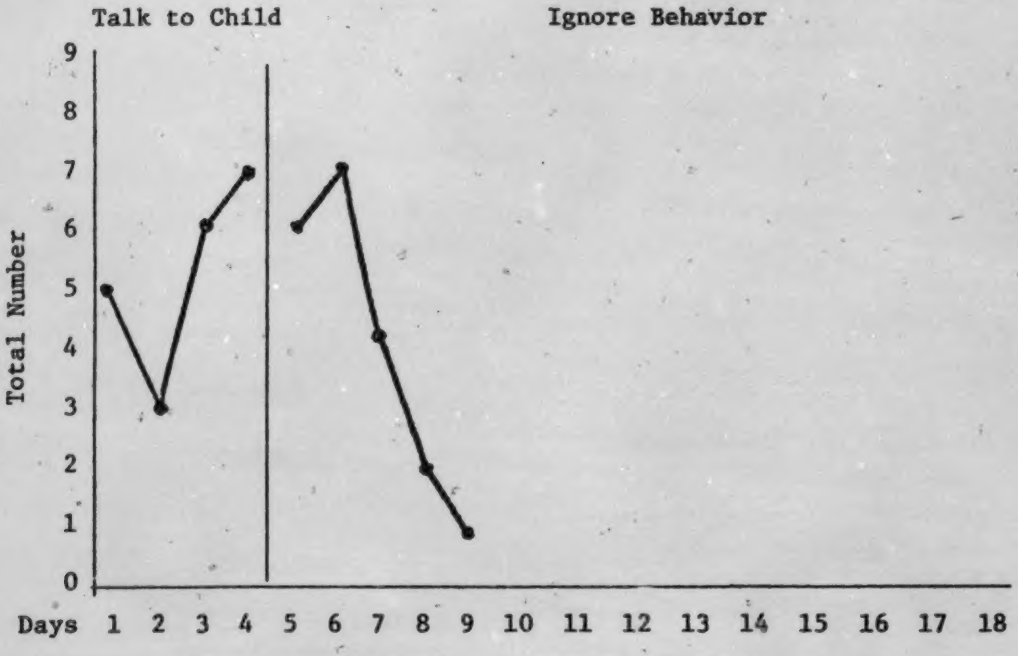


Pupil's Correct Feeding Responses

The effects of a change in the instructional program on the individual's behavior is usually more evident from a graph than a table. All changes in the instructional program should be indicated on the graph by drawing a vertical line from the bottom to the top of the graph at the date where the change was implemented.

Let's suppose you have a dressing program that is encountering some difficulties. Four days ago, the child began throwing his clothes everytime you handed him an article of clothing; 5 times the first day, 3 times the second day, 6 times the third day, and 7 times the fourth day. You realize that there needs to be a change. Each time the child throws his clothes you will ignore him for two minutes, prior to this time you had been telling him he should not throw his clothes. When the child does not throw his clothes, you will give him a big hug because you know he really smiles everytime you do this. You make a vertical line on the graph between the fourth and fifth day. You record six throws on the fifth day, seven throws on the sixth day, four throws on the seventh day, two throws on the eighth day and one throw on the ninth day. These data are plotted below to indicate how a graph makes it easier to visualize the effects of an instructional change.

Table 3



Pupil's Throwing Clothing

General Evaluation

General evaluation refers to a sequence of skills that are typical of a particular population. A number of checklists utilize developmental sequences established on normal infants which may or may not correspond to a SPH pupil's development. To the extent that the SPH pupil's performance parallels normal developmental sequences and reflects performance increments, checklists are sensitive enough on a one month interval. They can be used to monitor behaviors that are important but are not major programming priorities.

It is impossible to have individual lesson plans and data sheets for every instructional objective in your program as this would result in full-time record keeping and little teaching. Teachers are, therefore, advised to only individualize their plans and assessment systems for critical priority areas for each child and for the other areas use a more generalized lesson and evaluation format.

ALTERNATIVE PROGRAM AND ASSESSMENT CONSIDERATIONS

GROUP PROFILE SHEETS

- RATIONALE
- GROUP DESCRIPTION
- IMPLICATIONS

MODIFIED CURRICULUM ASSESSMENT GUIDES

Rationale

Planning for short and long term educational objectives, as required by P.L. 94-142, assumes that from the diagnostic/educational assessment realistic projections can be made regarding pupil progress for up to a year in the future. Unfortunately, the law (P.L. 94-142) did not provide guidelines on how to arrive at these decisions. The authors of the Guide, being aware that evidence is lacking to indicate that SPH pupils do follow a normal developmental sequence and that the SPH population is heterogeneous, designed a study to assist program developers in deciding future objectives. The study utilized 151 SPH school-aged pupils residing in a state institution. All pupils had an intelligence quotient of less than thirty and were multiply handicapped. An educational classification approach was implemented to further delineate characteristics that affect performance on traditional SPH objectives.

Group Descriptions

The four groups identified were spastic, genetic, athetoid and exogeneous. Some general descriptors for each of these subgroups are provided as well as expected performance ranges in the fourteen curriculum areas of the CAG. The results of the four group performance across the fourteen curriculum areas resulted in significant differences for each. Displayed in Table 4 are the means and significance levels for the groups across curriculum areas.

Table 4 Means and Significance Levels on the PTM Individual Assessment Guide

	Tactile	Auditory	Visual	Gross Motor	Fine Motor	Feeding	Toilet	Dressing	Washing	Nasal	Oral	Language	Perceptual Cognitive	Social
Spastic	2.26^4	1.64^4	2.15^4	1.52^4	$.47^4$	2.59^4	1.10^4	$.21^4$	$.11^4$	$.12^3$	1.05^2	$.67^3$	$.36^4$	$.57^4$
Athetoid	2.86	1.76	2.71	2.24	.48	2.86	1.62	.76	.29	.33	$.76^1$	1.14	.43	.90
Exogenous	3.24^1	2.52^1	3.16^1	3.60^4	1.72^2	4.24^3	2.36^2	1.96^4	$.84^1$	.52	1.80^2	1.40	1.16^1	1.56^1
Genetic	4.07^4	3.69^4	4.08^4	4.46^4	3.23^4	4.77^4	3.23^4	2.46^4	1.46^4	1.31^4	2.62^4	2.46^4	2.15^4	3.08^4
Total	2.66	1.98	2.56	2.22	.91	3.09	1.56	.77	.37	.32	1.27	1.01	.66	.99

Significance Levels: ^{1} = .05

^{2} = .01

^{3} = .001

^{4} = .0001

The mean values reflect each level within a curriculum area column. For example, a mean of 2.26 in the tactile area would indicate that the average performance was just barely at the second level which is "brushes or briefly touches object".

Pupils classified as spastic exhibit muscular contractues of several parts of the body, limited range of motion, and obligatory reflexive movement. These motoric impairments make it difficult, if not impossible, for the pupil to bring arms together or reach out with arms to grasp objects. Should an object be grasped, the pupil cannot voluntarily release it. Exaggerated body movements are typical where arching of head and back often occurs. These pupils usually prefer to be left alone and involuntarily resist efforts by staff to maintain body in correct alignment. Volitional motor activities to reach for an object will often be thwarted by an involuntary reflex pattern that makes obtainment of the desired object very remote.

Programming for spastic pupils involves activities and equipment that inhibit primitive movements and allow for attainment of desired objects in the environment. The oral musculature for speech is frequently affected so that expressive language must be provided by other modalities. Nonverbal communication systems consisting of gestures, finite movement, or vocalizations need to be established.

The performance of all four groups was assessed on the CAG to determine typical levels for each sub-group across the fourteen areas. Inter-rater reliability of the teachers involved in collecting the data had to be at least 80% agreement before the data was entered into the study.

Outlined on the next three pages are profile bands indicating the range of functioning of the spastic, SPH pupils assessed with the Guide. Boxes of varying widths, with diagonal lines, indicate the range where 95% of the spastic pupils performed. For example, on page , 95% of these pupils in the tactile area achieved number one and approximately half completed number two. Less than 5% of the spastic group achieved any more than the first two developmental pinpoints in each of the fourteen skill areas. One needs to seriously consider modification of many of the listed skill areas utilizing such strategies as positioning and adaptive equipment to facilitate skill development in these critical areas. Notice that on the Activity of Daily Living profile page, independence in these areas appears remote without these modifications. Programming efforts in communication should be directed toward facilitating nonverbal communication systems rather than a speech program.

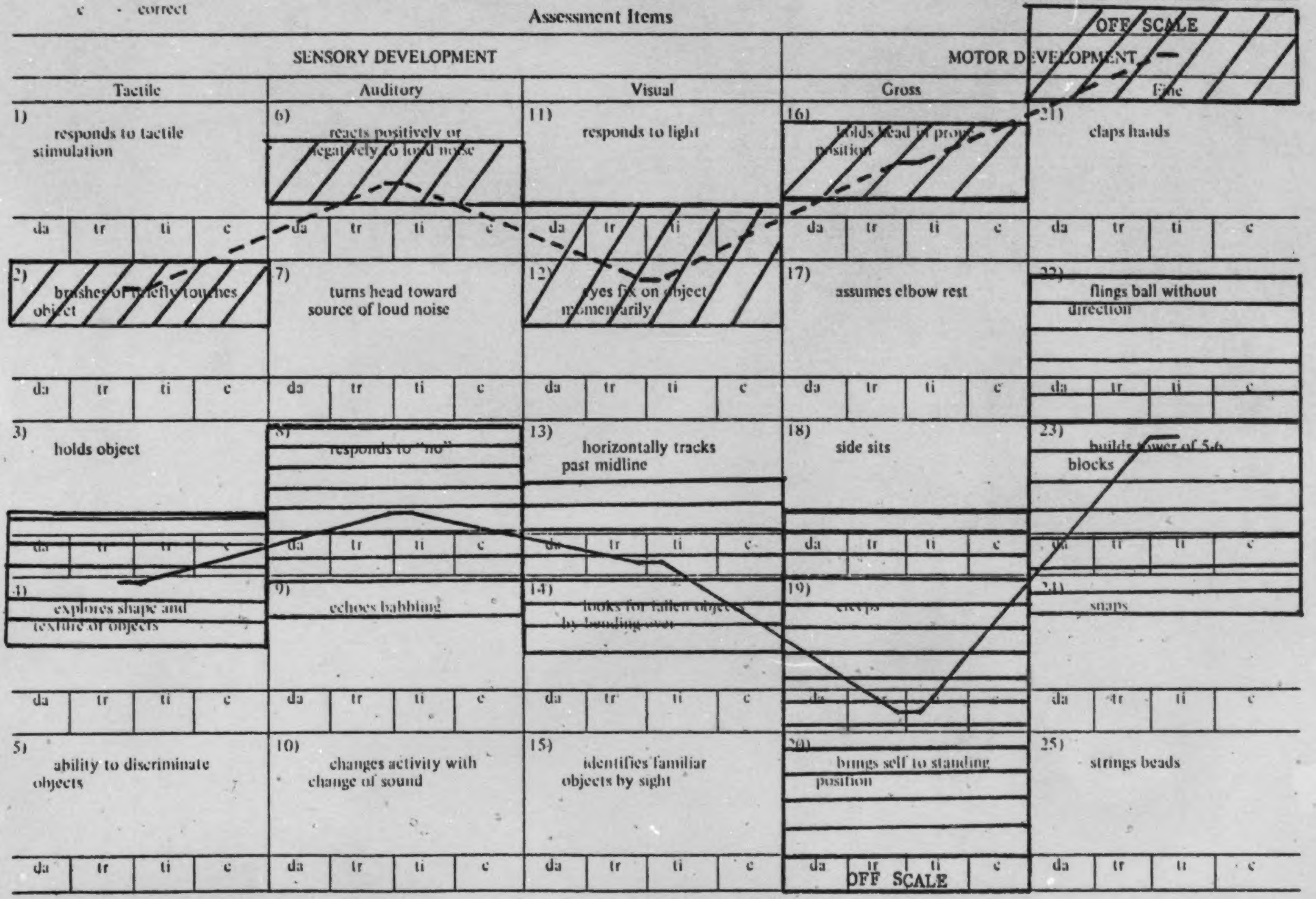
Caution in literal interpretation of these profile bands is necessary. They are developed on a relatively small sample that may not be representative of your population of students.

Students categorized as "genetic" were for the most part Down's Syndrome. However, some other genetic syndromes were present such as Hurler's Syndrome and degenerative genetic linked syndromes. These students all scored below thirty on I.Q. tests. Although many of these

SPASTIC ▨--▨ GENETIC ☰—☰

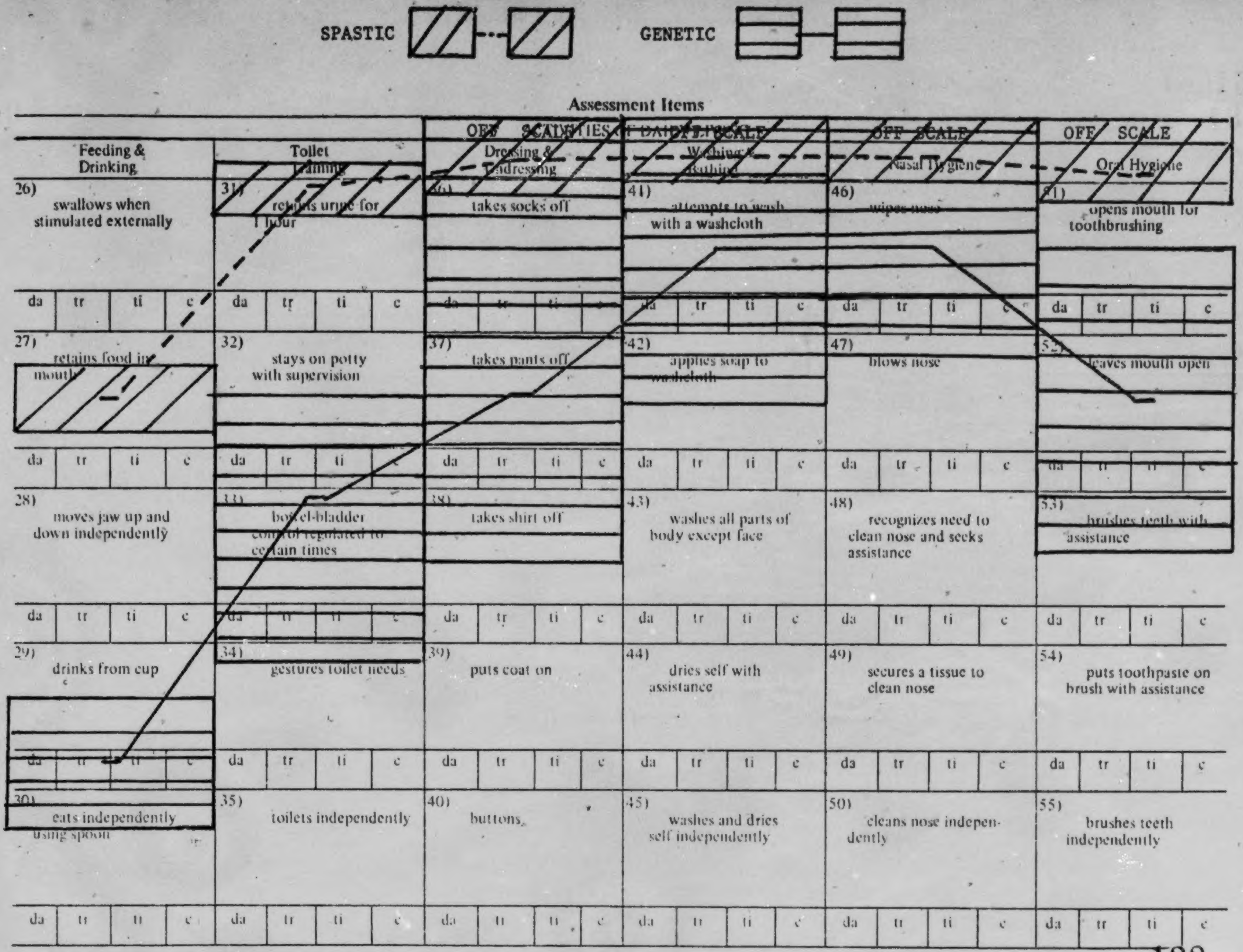
Legend: da - days
tr - trials
ti - time
c - correct

Student's Name ____________
Date ____________
Instructor ____________



Assessment Items

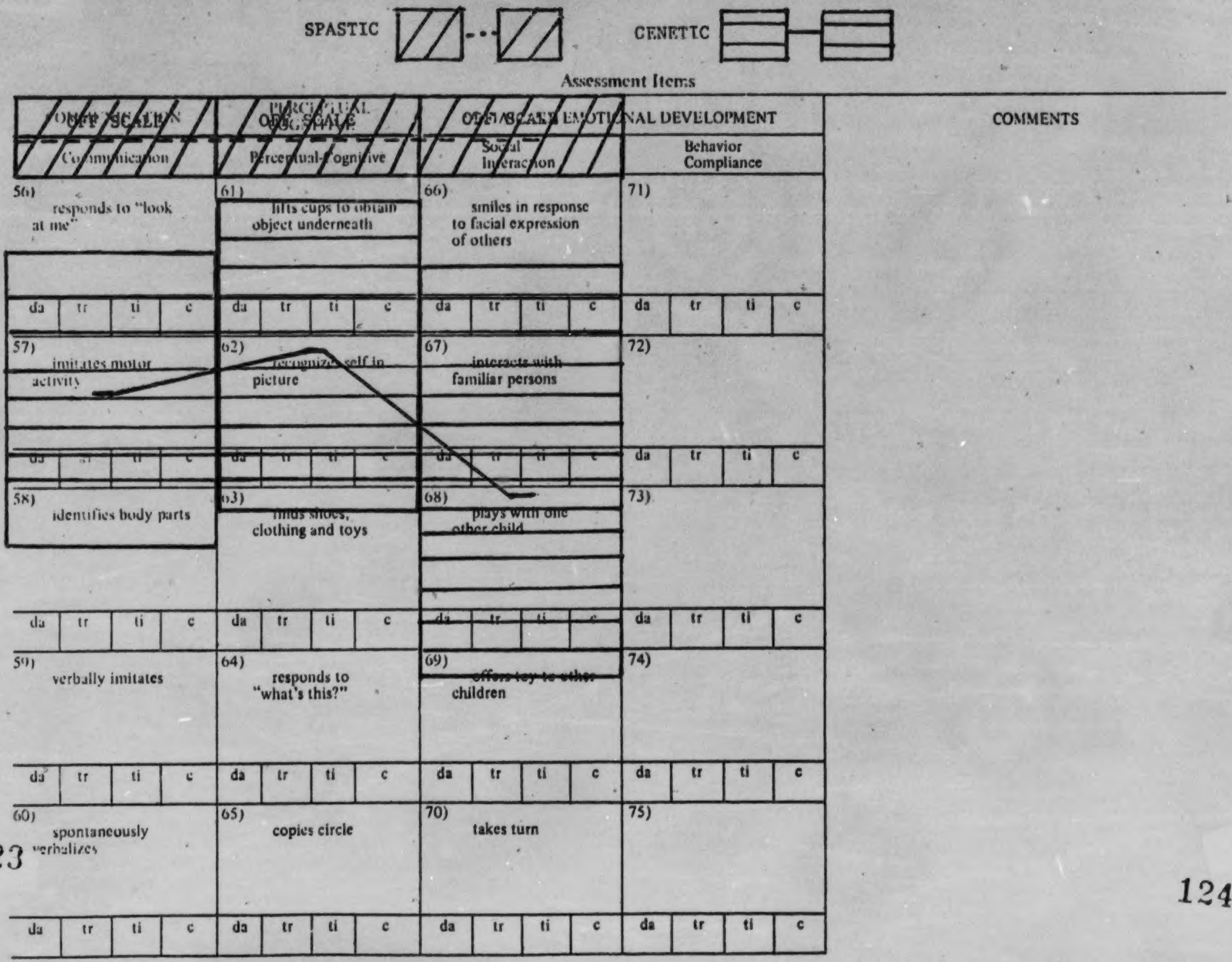
SENSORY DEVELOPMENT			MOTOR DEVELOPMENT	
Tactile	Auditory	Visual	Gross	Fine
1) responds to tactile stimulation	6) reacts positively or negatively to loud noise	11) responds to light	16) holds head in prone position	21) claps hands
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
2) brushes or briefly touches object	7) turns head toward source of loud noise	12) eyes fix on object momentarily	17) assumes elbow rest	22) flings ball without direction
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
3) holds object	8) responds to "no"	13) horizontally tracks past midline	18) side sits	23) builds tower of 5-6 blocks
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
4) explores shape and texture of objects	9) echoes babbling	14) looks for fallen object by bending over	19) creeps	24) snaps
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
5) ability to discriminate objects	10) changes activity with change of sound	15) identifies familiar objects by sight	20) brings self to standing position	25) strings beads
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c



Assessment Items

ACTIVITIES OF DAILY LIVING

Feeding & Drinking	Toilet Training	Dressing & Undressing	Washing & Bathing	Nasal Hygiene	Oral Hygiene
26) swallows when stimulated externally	31) retains urine for 1 hour	36) takes socks off	41) attempts to wash with a washcloth	46) wipes nose	51) opens mouth for toothbrushing
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
27) retains food in mouth	32) stays on potty with supervision	37) takes pants off	42) applies soap to washcloth	47) blows nose	52) leaves mouth open
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
28) moves jaw up and down independently	33) bowel-bladder control regulated to certain times	38) takes shirt off	43) washes all parts of body except face	48) recognizes need to clean nose and seeks assistance	53) brushes teeth with assistance
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
29) drinks from cup	34) gestures toilet needs	39) puts coat on	44) dries self with assistance	49) secures a tissue to clean nose	54) puts toothpaste on brush with assistance
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
30) eats independently using spoon	35) toilets independently	40) buttons	45) washes and dries self independently	50) cleans nose independently	55) brushes teeth independently
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c



SPASTIC ▨- - -▨ GENETIC ▤—▤

Assessment Items

COMMUNICATION OFF SCALE				PERCEPTUAL COGNITIVE OFF SCALE				OFF SCALE SOCIAL EMOTIONAL DEVELOPMENT								COMMENTS
Communication				Perceptual-Cognitive				Social Interaction				Behavior Compliance				
56) responds to "look at me"				61) lifts cups to obtain object underneath				66) smiles in response to facial expression of others				71)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	
57) imitates motor activity				62) recognizes self in picture				67) interacts with familiar persons				72)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	
58) identifies body parts				63) finds shoes, clothing and toys				68) plays with one other child				73)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	
59) verbally imitates				64) responds to "what's this?"				69) offers toy to other children				74)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	
60) spontaneously verbalizes				65) copies circle				70) takes turn				75)				
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	

students were motor delayed, there were a few with motor impairments. The predominant number of these students were socially aware of others and interacted with adults and other students. A few displayed self-injurious behaviors.

One can find the profiles for the genetic group on the same three pages that described performance ranges for the spastic group. Again, boxes of varying widths with horizontal lines illustrate the range where 95% of the genetic pupils performed. If the reader refers to page in the gross motor column you will see that students classified as "genetic" scored near the bottom of the scale. One will note that the profile band extends beyond the scale which results from the statistical limits about the mean, however, the scores were limited to the fifth level. Additional information regarding the statistics involved in developing the profile range are found in the last section of this Guide.

Referring to the sections of the CAG which assess input (sensory) and output (motor) modes, genetic students' levels of performance indicate little need of modification of traditional SPH curricula. The basic activity of daily living skills (feeding/drinking and dressing) are more developed than the higher level self-help skills (nasal and oral hygiene). These latter skills require that students have the opportunity and the cognitive awareness to perform them, such as blowing the nose independently. They may have the cognitive and self-help ability, but the environment may restrict acquisition of them due to high pupil-staff ratio on the wards of the institution. Teaching a pupil to blow his nose independently is not nearly as high priority for ward attendants as getting the pupils to feed, dress and toilet themselves. Again, these bands represent typical levels of functioning and are not restrictive in scope as to the pupil's potential.

The genetic pupils demonstrate some of the basic elements for developing normal communication as seen on page which indicates imitation and some receptive language, but few have functional language. These deficits may reflect the cognitive impairments of this sample, intelligence quotient less than thirty, rather than oral musculature difficulties. Given their limited language and cognitive abilities, a simple communication system should be considered where communication boards may have relevance due to this being more graphic than verbal cues.

Pupils classified as athetoid displayed much constant and uncontrollable movements of several body parts. Movements were jerky and muscle tone would change frequently and suddenly from too much muscle tone to too little muscle tone. Most of these students were unable to walk or crawl, but some when put on the floor could move about by using their jerky movement patterns. Fine motor abilities were affected by the constant motion and inability to grasp and hold objects. Oral musculature involvement affected speech and feeding/drinking skills.

As with the spastic students, the use of adaptive equipment and positioning is necessary to assist the student in performing self-care tasks and in communicating his needs.

The profile bands for the athetoid students in the area of sensory motor are very similar to those of the spastic, with the athetoid having slightly higher functioning in most areas.

Exogeneous students were those who, for the most part, had a "brain damaged" or "developmentally delayed" classification. These students, for the most part, were neither motor impaired or delayed but exhibited in many instances emotional behavior overlays that affected their functioning.

The profile bands for the exogeneous are very similar to those of the genetic subgroup. Instructional modifications should reflect in many instances the behavioral element present in this population.

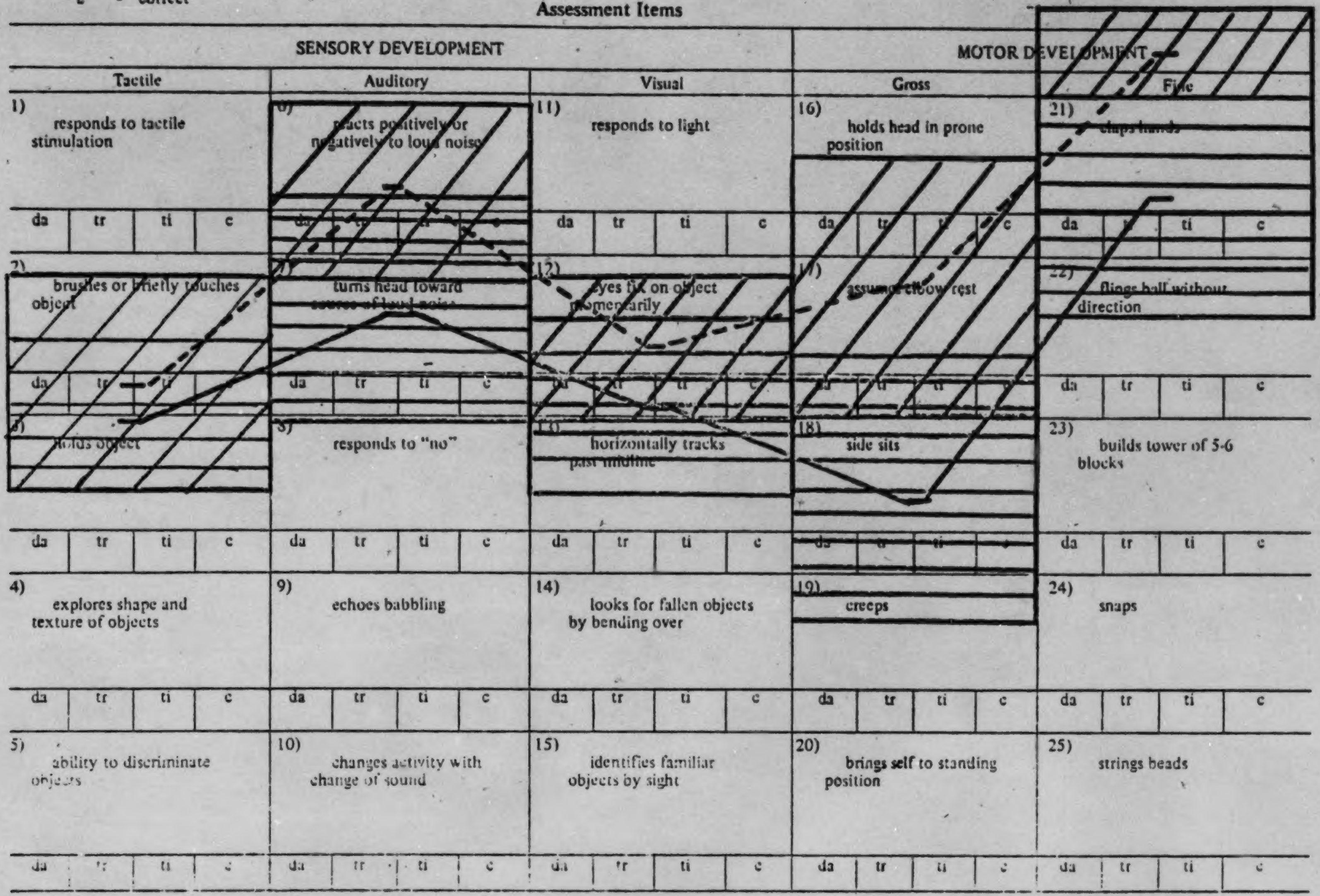
Attempts to reduce self-stimulatory behavior may not be as productive as utilizing the opportunity to engage in these behaviors as a consequence of performing a basic self-care or communication activity. Behaviors that are injurious to the pupil or others will require direct intervention. Data must be kept to verify the serious nature of the problem.

Care must be exercised in insuring the pupil's civil rights as to the nature of the intervention and parental and administrative approval for interventions that involve time out, restraint, etc. should be obtained.

ATHETOID ▨---▨ **EXOGENEOUS** ▤—▤

Legend: da - days
tr - trials
ti - time
c - correct

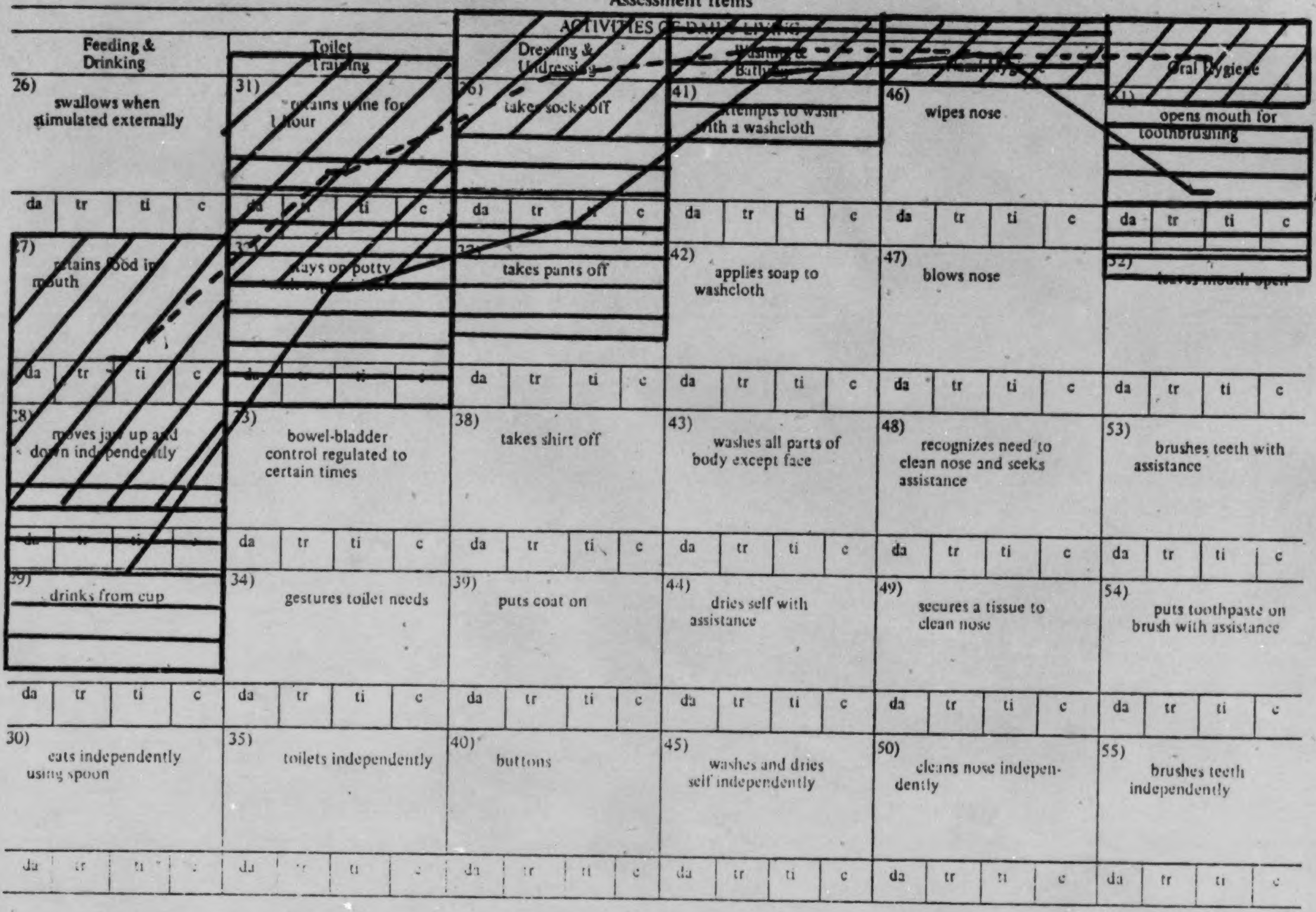
Student's Name ______
Date ______
Instructor ______



Assessment Items

SENSORY DEVELOPMENT			MOTOR DEVELOPMENT	
Tactile	Auditory	Visual	Gross	Fine
1) responds to tactile stimulation	6) reacts positively or negatively to loud noise	11) responds to light	16) holds head in prone position	21) claps hands
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
2) brushes or briefly touches object	7) turns head toward source of loud noise	12) eyes fix on object momentarily	17) assumes elbow rest	22) flings ball without direction
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
3) holds object	8) responds to "no"	13) horizontally tracks past midline	18) side sits	23) builds tower of 5-6 blocks
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
4) explores shape and texture of objects	9) echoes babbling	14) looks for fallen objects by bending over	19) creeps	24) snaps
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
5) ability to discriminate objects	10) changes activity with change of sound	15) identifies familiar objects by sight	20) brings self to standing position	25) strings beads
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c

ATHETOID ▨ - - ▨ **EXOGENEOUS** ☰ — ☰



Assessment Items

ACTIVITIES OF DAILY LIVING

Feeding & Drinking				Toilet Training				Dressing & Undressing				Washing & Bathing				Nasal Hygiene				Oral Hygiene			
26) swallows when stimulated externally				31) retains urine for 1 hour				36) takes socks off				41) attempts to wash with a washcloth				46) wipes nose				51) opens mouth for toothbrushing			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
27) retains food in mouth				32) stays on potty with supervision				37) takes pants off				42) applies soap to washcloth				47) blows nose				52) leaves mouth open			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
28) moves jaw up and down independently				33) bowel-bladder control regulated to certain times				38) takes shirt off				43) washes all parts of body except face				48) recognizes need to clean nose and seeks assistance				53) brushes teeth with assistance			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
29) drinks from cup				34) gestures toilet needs				39) puts coat on				44) dries self with assistance				49) secures a tissue to clean nose				54) puts toothpaste on brush with assistance			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
30) eats independently using spoon				35) toilets independently				40) buttons				45) washes and dries self independently				50) cleans nose independently				55) brushes teeth independently			
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c

ATHETOID ▨ - - ▨ EXOGENEOUS ☰ — ☰

Assessment Items

COMMUNICATION	PERCEPTUAL COGNITIVE	SOCIAL AND EMOTIONAL DEVELOPMENT		COMMENTS
Communication	Perceptual Cognitive	Social Interaction	Behavior Compliance	
56) responds to "look at me"	61) lifts cover to obtain object underneath	66) smiles in response to facial expression of others	71)	
da tr ti c	da tr ti c	da tr ti c	da tr ti c	
57) imitates motor activity	62) recognizes self in picture	67) interacts with familiar persons	72)	
da tr ti c	da tr ti c	da tr ti c	da tr ti c	
58) identifies body parts	63) finds shoes, clothing and toys	68) plays with one other child	73)	
da tr ti c	da tr ti c	da tr ti c	da tr ti c	
59) verbally imitates	64) responds to "what's this?"	69) offers toy to other children	74)	
da tr ti c	da tr ti c	da tr ti c	da tr ti c	
60) spontaneously verbalizes	65) copies circle	70) takes turn	75)	
da tr ti c	da tr ti c	da tr ti c	da tr ti c	

Implications

The intent of the profiles is to give the reader an idea of how four groups within the broad classification of SPH performed on the CAG. The representativeness of these groups to pupils in your program should be verified through comparison of their performance on the CAG. If they fall within the bands outlined then the probability of specifying long-term objectives which fall beyond these bands should be questioned. This is not to say that it is impossible for them to exceed these bands, however, the time spent in progressing toward these objectives should be closely monitored. Spending more than one year in an area where little progress is realized should alert the teacher to reconsider developing different objectives for the next year.

The goal of any SPH curriculum is to program within realistic capabilities of the pupils and, therefore, tasks should be designed that promote success and facilitate functioning in a variety of situations. Where motor and language skills deviate from normal sequences, adaptations should be made to facilitate the pupil being able to perform in a simplified manner to express needs and wants. The manner may not be conventional, but if information is given to other caretakers so that they can interpret the individual's needs then the pupil can more easily control his environment.

MODIFIED CURRICULUM ASSESSMENT GUIDES

The following CAG's were modified by an instructional supervisor working in a public school program in Pennsylvania. These raised and lowered CAG's were developed for pupils whose performance differed greatly than the majority of the pupils. School personnel are encouraged to adapt the CAG to meet their needs.

In modifying the CAG, care must be exercised to establish criteria for scoring each assessment item as well as verifying the gross sequence of the items. It has been our experience that approximately 18 month developmental intervals lend themselves to this type of assessment. Limit the items to major steps within chosen curriculum areas.

The raised and lowered scales developed by Ellen M. Kissinger are presented on the next several pages. The authors are indebted to her for her assistance.

PENNSYLVANIA TRAINING MODEL

CURRICULUM ASSESSMENT GUIDE

RAISED SCALE

Ellen M. Kissinger
Hamburg State School and Hospital
Hamburg, Pennsylvania 19526

CRITERIA				1
SENSORY DEVELOPMENT			MOTOR DEVELOPMENT	
TACTILE	AUDITORY	VISUAL	GROSS	FINE
1) Given 2 pails with different weights in them, child picks the heavy one 2 out of 3 times.	6) During daily school activities child spontaneously utters 2 words.	11) Can identify cup as the same when placed first on a table for 5 seconds and then on a chair for 5 seconds, 2 out of 3 times.	16) Child can independently walk a distance of ten feet.	21) Child uses two hands to toss a ball to another person.
2) With eyes closed and arms straight out at sides , pupil can correctly follow command to clap, 2 out of 3 times.	7) When sounds of dog and cat are presented for 5 seconds each, child can name animal or repeat sound correctly.	12) Given 3 red objects and 1 yellow object, child can match the 3 red objects 2 out of 3 times.	17) Child can independently run a distance of ten feet.	22) Using form board or shape ball, child can correctly place 4 out of 5 shapes in their proper placed.
3) Given 1 wet washcloth directly in front of child, and 1 wet and 1 dry washcloth under box (like Feely-Meely), child can match wet objects.	8) When teacher says words: "bird, dog, milk", child repeats them in the same order within 30 seconds.	13) Given picture of person (male for boy, female for girl), child tells what part is missing or points to part on own face within 15 seconds.	18) Child can jump up and down on two feet 5 times.	23) Child independently picks up pencil and holds it using first and second fingers and thumb.
4) Given a set of 5 objects, the child can correctly rank them largest to smallest, 2 out of 3 times.	9) Child can independently repeat simple poem or song learned in class.	14) When in a room with only 3 or 4 pieces of furniture, child can name the major things in the room.	19) Child can balance on one foot for 5 seconds without any support.	24) Given a piece of 8½" x 11" white construction paper, child can fold paper in half 2 out of 3 times.
5) Given three objects (2 smooth and 1 rough) under box, child can pick the 2 that feel the same.	10) Child can correctly repeat the listed sounds in correct order (or tell if they are the same or different) "m" "n" "n" "m"	15) When a cup, washcloth, spoon, and toothbrush are placed on a table for 15 sec. removed and 10 sec. is allowed to elapse, child can recall 3 of 4 objects within 1 min.	20) Child independently dances to music - making up own movements.	25) Child can independently cut a 6 inch straight line, 2 out of 3 times.

<table>
<tr><th colspan="19">ASSESSMENT ITEMS</th><th>2</th></tr>
<tr><th colspan="12">SENSORY DEVELOPMENT</th><th colspan="8">MOTOR DEVELOPMENT</th></tr>
<tr><th colspan="4">TACTILE</th><th colspan="4">AUDITORY</th><th colspan="4">VISUAL</th><th colspan="4">GROSS</th><th colspan="4">FINE</th></tr>
<tr><td colspan="4">1) Differentiates heavy and light.</td><td colspan="4">6) Has vocabulary of at least 2 words.</td><td colspan="4">11) Identifies object as same when position changes.</td><td colspan="4">16) Walks independently.</td><td colspan="4">21) Tosses ball to others.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">2) Determines limb position with eyes closed</td><td colspan="4">7) Distinguishes when one sound changes to another.</td><td colspan="4">12) Matches objects by color.</td><td colspan="4">17) Runs.</td><td colspan="4">22) Puts shapes in corresponding holes.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">3) Identifies objects by kinesthetic cues (1 seen - 1 unseen).</td><td colspan="4">8) Can repeat 3 words in correct order.</td><td colspan="4">13) Identifies missing picture parts.</td><td colspan="4">18) Jumps.</td><td colspan="4">23) Picks up and holds pencil like adult.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">4) Tactually ranks objects.</td><td colspan="4">9) Can recite short poem or simple song independently.</td><td colspan="4">14) Reports dominant object in visual field.</td><td colspan="4">19) Balances on one foot.</td><td colspan="4">24) Folds paper.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">5) Matches hidden objects by kinesthetic cues.</td><td colspan="4">10) Identifies fine differences in speech sounds.</td><td colspan="4">15) Recalls 3 objects after 10 seconds has elapsed.</td><td colspan="4">20) Moves to music.</td><td colspan="4">25) Cuts with scissors.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
</table>

CRITERIA 3

ACTIVITIES OF DAILY LIVING

FEEDING AND DRINKING	TOILET TRAINING	DRESSING & UNDRESSING	WASHING AND BATHING	NASAL HYGIENE
26) Given plate of food and fork, child uses fork to stab food and inserts in mouth 2 out of 3 times.	31) Child can independently position self on the toilet, either from standing position or from wheelchair 2 out of 3 times.	36) Child independently puts on both shoes, but does not lace them.	41) Child independently fills own bathtub 1/3 full with warm water, 2 out of 3 times.	46) Given tissue and placement of child's hand in proximity to nose, child wipes nose 2 out of 3 times.
27) Given piece of bread, pat of butter, and table knife, child spreads the butter on the bread 2 out of 3 times.	32) Child remembers to flush toilet before leaving toilet area, 2 out of 3 times.	37) Child independently uses two hands to close own zipper (pants, dress, or jacket) 2 out of 3 times.	42) Child can independently comb and/or brush own hair upon command, 2 out of 3 times.	47) Given tissue and verbal command, blows nose 2 out of 3 times.
28) Given a piece of meat on a plate, fork and table knife, child cuts meat 2 out of 3 times.	33) Child can independently redress self and fasten all buttons, snaps, zippers, and belts as necessary.	38) Child independently puts on own underwear, 2 out of 3 times.	43) Given shampoo, towel and sink or shower, child can independently wash own hair 2 out of 3 times.	48) Gestures for assistance 2 out of 3 times when in need of nose cleaning.
29) When sitting at a table and eating family style, child requests food to be passed 2 out of 3 times.	34) Child can independently return to the classroom, 2 out of 3 times.	39) Child independently puts on boots that have either a front or side opening 2 out of 3 times.	44) Given access to own clothing, child selects daily dress and comes to class with a neat appearance, 4 out of 5 school days.	49) Secures tissue when necessary to clean nose, 2 out of 3 times.
30) After having eaten meal or snack, child puts dishes in proper place and then wipes own table area.	35) Toilets, wipes, and redresses independently 100% of the time.	40) Child selects proper clothing for 2 of these 3 types of weather: rain, snow, and cool, autumn day.	45) Girls-recognizes start of menstrual period and independently uses sanitary napkins. Boys-given electric shaver, sink, and shaving lotion, child independently shaves self.	50) Cleans nose independently.

ASSESSMENT ITEMS

ACTIVITIES OF DAILY LIVING

FEEDING AND DRINKING	TOILET TRAINING	DRESSING & UNDRESSING	WASHING & BATHING	NASAL HYGIENE
26) Uses fork independently.	31) Places self on toilet.	36) Puts on own shoes.	41) Runs own bath water.	46) Wipes nose.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
27) Spreads with a knife.	32) Flushes toilet.	37) Zips.	42) Combs and/or brushes own hair.	47) Blows nose.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
28) Cuts meat with a knife and fork.	33) Redresses self neatly and independently.	38) Puts on own underwear.	43) Washes hair independently.	48) Recognizes need to clean nose and seeks assistance.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
29) Requests food to be passed at the table.	34) Returns to room.	39) Puts on boots.	44) Selects clothing that make a neat appearance.	49) Secures a tissue to clean nose.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
30) Cleans up area after eating.	35) Toilets independently.	40) Picks clothing to match the weather.	45) Girls-Cares for female hygiene. _ _ _ Boys- Shaves self.	50) Cleans nose independently.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c

CRITERIA				5
ACTIVITIES OF DAILY LIVING	COMMUNICATION	PERCEPTUAL/COGNITIVE	PRE-VOCATIONAL	VOCATIONAL
ORAL HYGIENE	COMMUNICATION	PERCEPTUAL/COGNITIVE	PRE-VOCATIONAL	VOCATIONAL
51) Having brushed teeth and given a glass of water, child rinses mouth without swallowing water.	56) Child can use gestures to convey at least one need.	61) Given an 11"x16" piece of white drawing paper and box of crayons, child independently draws figure of self with all major parts.	66) Correctly identifies 4 of these 5 tools: 1) screwdriver; 2) pliers; 3) hammer; 4) saw; 5) drill.	71) Given pot, can of soup, can opener, large spoon, child can independently heat a can of soup.
52) Having brushed teeth, child independently returns brush to proper place, 2 out of 3 times.	57) Child correctly obeys the command "give me the cup", 2 out of 3 times.	62) Given piece of lined paper and pencil, child can independently print one word.	67) Can correctly use 3 of the 5 simple tools listed above (66)	72) Given 2 boards, nails, and hammer, child independently nails boards together at right angles within 2 minutes.
53) After having brushed teeth, child wipes any toothpaste from mouth and hands, 2 out of 3 times.	58) Child can use a 2 or 3 word phrase and be understood by unfamiliar person.	63) Child can verbally count to five.	68) Given 8 pencils and 2 rubber bands child can make 2 packages of 4 pencils within 1 minute.	73) Given fitted sheet, pillowcase, flat sheet, blanket, and bedspread, child independently makes bed within 15 minutes.
54) Having brushed teeth and rinsed mouth and hands, child cleans up sink and surrounding area, 2 out of 3 times.	59) Child can carry on a 1 minute conversation with teacher or peer using complete simple sentences.	64) When teacher names 2 things that occur at that time of day, child correctly names 2 of these 3: morning, afternoon, and evening.	69) Given a piece of material and scissors, child can make a straight 6 inch cut in the material, 2 out of 3 times.	74) Given article with missing button, button, needle, and thread, child can independently sew the button on within 2 minutes.
55) Child independently brushes teeth at correct time, without being told.	60) Child can read at least one word on sight, 4 out of 5 times.	65) Child can tell time by the hour, 4 out of 5 classroom hours.	70) Correctly matches 4 of these 5 pieces of equipment to their correct usage: 1) screw driver; 2) sponge; 3) sewing needle; 5) sheet; 6) pot.	75) Given working vaccuum cleaner and dirty rug, child vaccuums rug with 90% accuracy.

ASSESSMENT ITEMS

ACTIVITIES OF DAILY LIVING	COMMUNICATION	PERCEPTUAL/COGNITIVE	PRE-VOCATIONAL	VOCATIONAL
ORAL HYGIENE	COMMUNICATION	PERCEPTUAL/COGNITIVE	PRE-VOCATIONAL	VOCATIONAL
51) Rinses mouth.	56) Makes wishes known through gestures.	61) Can draw picture of self.	66) Identifies simple tools.	71) Heats a can of soup.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
52) Returns brush to proper place.	57) Initiates simple activity upon verbal command.	62) Can print one word.	67) Can use a simple tool.	72) Independently joins two boards.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
53) Wipes mouth and hands.	58) Chains 2 or 3 words, understood by non-family.	63) Can count to five.	68) Packages items.	73) Independently makes bed.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
54) Rinses sink.	59) Speaks reciprocally with teacher or peer using simple sentences.	64) Knows morning, afternoon, and evening.	69) Cuts material.	74) Independently sews on button.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c
55) Knows when to brush teeth.	60) Can read one word.	65) Can tell time to the hour.	70) Matches equipment to its correct usage.	75) Vaccuums rug.
da tr ti c	da tr ti c	da tr ti c	da tr ti c	da tr ti c

CRITERIA				7
SOCIAL AND EMOTIONAL DEVELOPMENT				
SOCIAL INTERACTION	BEHAVIOR COMPLIANCE			COMMENTS
76) When sitting beside another child, child correctly obeys command to "touch _____," 2 out of 3 times.	81)			
77) When having trouble with class activity, child accepts teacher help, 2 out of 3 times.	82)			
78) Makes plans with teacher for future class activities.	83)			
79) When another person enters the room, child responds to "hello", 2 out of 3 times.	84)			
80) When child has done something wrong, he offers apologies before 5 minutes has elapsed.	85)			

ASSESSMENT ITEMS																			8
SOCIAL AND EMOTIONAL DEVELOPMENT																			
SOCIAL INTERACTION				BEHAVIOR COMPLIANCE												COMMENTS			
76) Follows simple directions.				81)															
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
77) Accepts help from others.				82)															
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
78) Plans future activities.				83)															
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
79) Responds to and makes verbal greetings.				84)															
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c
80) Offers apologies.				85)															
da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c	da	tr	ti	c

PENNSYLVANIA TRAINING MODEL

CURRICULUM ASSESSMENT GUIDE

LOWERED SCALE

Ellen M. Kissinger
Hamburg State School and Hospital
Hamburg, Pennsylvania 19526

CRITERIA 1

SENSORY DEVELOPMENT			MOTOR DEVELOPMENT	
TACTILE	AUDITORY	VISUAL	GROSS	FINE
1) Allows adult to place arms around chest and rock back and forth for 60 seconds.	6) Shows body response to loud sound within 1 second.	11) Given flashlight 8 to 12 inches from eyes in a dark room, child blinks or moves head within 5 seconds.	16) Given physical prompt to chin, holds head up for 3 seconds. Do not use wedge or roll	21) Randomly moves hand to mouth.
2) Given stimulation by hard-textured object (rug sample) to outside of arm, child pulls away or shows aversive reaction within 2 seconds.	7) Given bell sound, turns head in direction of sound within 1 second, 2 out of 3 times.	12) Given adult's face one foot in front of face, child orients eyes toward face for at least 15 seconds 2 out of 3 times.	17) Maintains body weight on elbows for one minute. Do not use wedge or roll	22) When rattle or finger is placed in child's palm, child grasps object automatically for at least 15 seconds.
3) Moves whole body within 2 seconds, when bottom of foot is tickled.	8) Changes body movement in response to rhythm during a song.	13) Horizontally tracks past midline greater than a 90 degree arc, 2 out of 3 times.	18) When placed in a sitting position with feet on floor and no back support, child maintains position for one minute.	23) When toy or bright object is held within 2 feet of child, child reaches toward object within 15 seconds.
4) Allows stimulation to hands, feet, or body for 15 seconds when rubbed with unfamiliar surface. (circle appropriate body part)	9) Given bell, rattle, squeeze toy or other instrumental sound, child attempts to make noise within 5 seconds.	14) Vertically tracks past midline, greater than a 90 degree arc, 2 out of 3 times.	19) Assumes creeping position independently (hands and knees) and creeps 3 feet.	24) Given two objects of any size, child bangs them together 2 out of 3 times.
5) Given visual or auditory stimulus, child extends arms and touches object 2 out of 3 times.	10) Turns and follows adult moving around the room and talking, within 5 seconds.	15) Moves eyes and head to look for fallen object.	20) Brings self to standing position using physical prompt, and stands for at least one minute.	25) Given cup on table or bed, child picks up 2 inch object and drops it into cup 2 out of 3 times.

<table>
<tr><th colspan="20">ASSESSMENT ITEMS 2</th></tr>
<tr><th colspan="12">SENSORY DEVELOPMENT</th><th colspan="8">MOTOR DEVELOPMENT</th></tr>
<tr><th colspan="4">TACTILE</th><th colspan="4">AUDITORY</th><th colspan="4">VISUAL</th><th colspan="4">GROSS</th><th colspan="4">FINE</th></tr>
<tr><td colspan="4">1) Accepts being cuddled.</td><td colspan="4">6) Reacts positively or negatively to loud noise</td><td colspan="4">11) Responds to light.</td><td colspan="4">16) Holds head up in prone position.</td><td colspan="4">21) Brings one hand to mouth.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">2) Responds to hard-textured stimulation through visual response to observer.</td><td colspan="4">7) Turns head toward source of loud noise.</td><td colspan="4">12) Responds to human face.</td><td colspan="4">17) Assumes elbow rest.</td><td colspan="4">22) Holds object briefly, if placed in hand.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">3) Reacts to tactile stimulation by body movement, but does not localize reaction to area stimulated</td><td colspan="4">8) Changes activity with change of sound.</td><td colspan="4">13) Horizontally tracks past midline.</td><td colspan="4">18) Sits independently.</td><td colspan="4">23) Reaches for object.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">4) Permits hands, feet, or body to be moved over unfamiliar textured surface.</td><td colspan="4">9) Attempts to make noises with sound.</td><td colspan="4">14) Vertically tracks past midline.</td><td colspan="4">19) Creeps.</td><td colspan="4">24) Bangs two objects together.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">5) Brushes or briefly touches object.</td><td colspan="4">10) Turns toward voice moving around the room.</td><td colspan="4">15) Moves head in direction of fallen object.</td><td colspan="4">20) Brings self to standing position.</td><td colspan="4">25) Releases cube into cup.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
</table>

156

157

CRITERIA

ACTIVITIES OF DAILY LIVING

FEEDING AND DRINKING	TOILET TRAINING	DRESSING & UNDRESSING	WASHING & BATHING	ORAL HYGIENE
26) Given physical prompt on throat, makes swallowing response 2 out of 3 times.	31) Child shows no awareness of diapers being wet.	36) When dressed by adult, child does not resist 3 out of 4 times.	41) When child is given bath, he allows himself to be washed without resisting.	46) When spoon or tongue depressor is placed between child's teeth, child does not bite down 2 out of 3 times.
27) Maintains finely chopped food in mouth with lips closed, for 3 seconds.	32) Child cries within 5 minutes of wetting self.	37) Child cries or attempts to turn over or kicks when dressed or undressed.	42) When given bath child plays with water, toy or washcloth.	47) Opens mouth when presented with a toothbrush 2 out of 3 times.
28) Chews chopped food using lateral tongue movements, 2 out of 3 spoonfuls.	33) Child retains urine for one hour, three times during a five hour class period.	38) If prompted child will take off hat, shoes, or socks. (Circle appropriate clothing item.)	43) Given washcloth, child brings it in contact with body 2 out of 3 times.	48) Leaves mouth open for toothbrushing episode.
29) Given ½ cup of liquid child helps bring cup to mouth and drinks 2 out of 3 times. FOR CP CHILD: Given half cup of liquid, child drinks from straw 2 out of 3 times, if straw is held by adult.	34) Child attempts to remove wet diapers, but does not communicate (verbally) needs to adult.	39) Puts arm in sleeve or extends leg for pants.	44) Given washcloth and soap, child applies soap to cloth 2 out of 3 times.	49) Child reaches for and holds toothbrush when presented, 2 out of 3 times.
30) Given cracker or food easy to finger, child feeds self 2 out of 3 times.	35) Child has bowel movement at same time each day for 3 consecutive days.	40) Begins pulling pants down.	45) Picks up washcloth and washes any body part haphazardly.	50) Given toothbrush with toothpaste on it, child brushes teeth haphazardly.

<table>
<tr><th colspan="16">ASSESSMENT ITEMS</th><th colspan="4">4</th></tr>
<tr><th colspan="20">ACTIVITIES OF DAILY LIVING</th></tr>
<tr><th colspan="4">FEEDING AND DRINKING</th><th colspan="4">TOILET TRAINING</th><th colspan="4">DRESSING & UNDRESSING</th><th colspan="4">WASHING & BATHING</th><th colspan="4">ORAL HYGIENE</th></tr>
<tr><td colspan="4">26) Swallows when stimulated externally.</td><td colspan="4">31) No response to being wet.</td><td colspan="4">36) Allows self to be dressed.</td><td colspan="4">41) Enjoys a bath.</td><td colspan="4">46) Does not exhibit bite reflex.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">27) Retains food in mouth.</td><td colspan="4">32) Cries when wet.</td><td colspan="4">37) Resists being dressed or undressed.</td><td colspan="4">42) Plays in bath.</td><td colspan="4">47) Opens mouth for toothbrushing.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">28) Moves jaws up and down independently.</td><td colspan="4">33) Stays dry for one hour.</td><td colspan="4">38) Assists in undressing, helps in final motions.</td><td colspan="4">43) Attempts to wash with a washcloth.</td><td colspan="4">48) Leaves mouth open.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">29) Drinks from a cup (or straw) held by adult.</td><td colspan="4">34) Becomes irritable when wet.</td><td colspan="4">39) Extends arm or leg to be dressed.</td><td colspan="4">44) Applies soap to washcloth.</td><td colspan="4">49) Holds toothbrush.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
<tr><td colspan="4">30) Finger feeds.</td><td colspan="4">35) Bowel movements at same time each day.</td><td colspan="4">40) Participates in undressing.</td><td colspan="4">45) Attempts to wash body part.</td><td colspan="4">50) Brushes teeth with assistance.</td></tr>
<tr><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td><td>da</td><td>tr</td><td>ti</td><td>c</td></tr>
</table>

COMMUNICATION	PERCEPTUAL/COGNITIVE	SOCIAL AND EMOTIONAL		
COMMUNICATION	PERCEPTUAL/COGNITIVE	SOCIAL	EMOTIONAL	COMMENTS
51) During daily activities child randomly babbles.	56) Smiles or reaches for familiar person.	61) Adult smiles at child, child reciprocates with smile within 1 second.	66)	
52) When soft music is played, child coos to tune.	57) Gains adult's attention by making noise, quiets when adult near.	62) Given command to roll the ball to familiar person, child follows thru 2 out of 3 times.	67)	
53) When child's name is called, child ceases activity and looks at speaker.	58) When puppet is placed over child's hand, child removes it within 5 seconds.	63) When in bed or wheel chair near another child, child plays by self with toy for 15 seconds.	68)	
54) Child imitates gesture of adult waving bye-bye, 2 out of 3 times.	59) Upon seeing self in mirror, child smiles or pats mirror within 5 seconds.	64) Given another child, verbalizes to and/or touches another child spontaneously.	69)	
55) Ceases behavior on command of "No".	60) Given cup and edible object, when object is placed under cup will pursue 2 out of 3 times.	65) Given a group with a toy, observe child offering toy to another child independently.	70)	

ASSESSMENT ITEMS 6

COMMUNICATION	PERCEPTUAL/COGNITIVE	SOCIAL AND EMOTIONAL DEV.		
COMMUNICATION	PERCEPTUAL/COGNITIVE	SOCIAL INTERACTION	BEHAVIOR COMPLIANCE	COMMENTS
51) Babbles.	56) Aware of another person.	61) Smiles in response to facial expression of others.	66)	
da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c
52) Coos to music.	57) Demands attention by making noise.	62) Interacts with familiar person.	67)	
da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c
53) Recognizes name.	58) Aware of hands.	63) Child plays by self.	68)	
da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c
54) Recognizes and responds to gestures.	59) Recognizes self in mirror.	64) Plays with one other child.	69)	
da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c
55) Child understands "No".	60) Lifts cup to obtain object underneath.	65) Offers toy to other children.	70)	
da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c	da | tr | ti | c

REFERENCES

REFERENCES

Brown, Lou, Nietupski, John and Harme-Nietupski, "Criterion of Ultimate Functioning". In Hey Don't Forget About Me. Reston, Virginia: Council for Exceptional Children, pp. 2-16.

Sailor, Wayne and Haring, Norris, "Some Current Directions in the Education of the Severely Multiply Handicapped". In AAESPH Review, June, 1977, Vol. II, No. 2, pp. 3-25.

PROGRAM ASSESSMENT AND CURRICULUM RESOURCES

ANNOTATED BIBLIOGRAPHY

- ASSESSMENT SYSTEMS
- PROGRAM DEVELOPMENT
- MOTOR DEVELOPMENT
- SELF-CARE SKILL DEVELOPMENT
- SENSORY-PERCEPTION-COGNITION
- COMMUNICATION DEVELOPMENT
- PARENT TRAINING
- MATERIALS AND EQUIPMENT

ANNOTATED BIBLIOGRAPHY

The Annotated Bibliography should be utilized to further add to and enrich the teacher's knowledge of appropriate educational programs for severely and profoundly handicapped children. The bibliography is sub-divided into the following subject areas: Assessment Systems, Program Development, Motor Development, Self-Care Programs, Sensory-Perception-Cognition, Communication Development, Parent Training, and Materials and Equipment. The publications listed in the bibliography, for the most part, are based upon actual programs now operating for the education and training of severely and profoundly handicapped children. Much of what is listed was prepared primarily by teachers and other direct providers of service, and they offer many, many practical ideas and teaching techniques.

169

ASSESSMENT SYSTEMS

AAMD Adaptive Behavior Scale for Children and Adults. American Association on Mental Deficiency, 5201 Connecticut Avenue, N.W., Washington, D. C. 20015, 1975.

The Adaptive Behavior Scale (ABS) has two major parts. Part one evaluates skills considered important to the development of personal independence in daily living. Part two of the scale is designed to provide measures of maladaptive behavior related to personality and behavior disorders.

AMP #1. Ruth C. Webb, Ph.D., Director of Developmental Therapy, Glenwood State Hospital and School, Glenwood, Iowa 51534, 1970.

Assess three major areas (awareness, manipulation and posture). The AMP is intended for the profoundly retarded with a high degree of sensory-motor difficulties. The awareness sections evaluate the child's defensive reactions to touch as well as other areas related to handling. The manipulation and postural section also include language and cognitive areas.

Assessment in Infancy: Ordinal Scales of Psychological Development. I. Uzgiris and J. Hunt, University of Illinois Press, Chicago, Illinois, 1975.

Assesses Piaget's sensory-motor stages of development. From birth to approximately two years of age.

Balthazaar Scales of Adaptive Behavior. Research Press, Champaign, Illinois.

The Balthazaar Scales are divided into two sections. Section I contains scales measuring functional independence, i.e. eating scales, dressing and undressing scales, and a toileting questionnaire. Section II contains scales of social adaption. This section is divided into eight categories which measure: 1) unadaptive self-directed behaviors; 2) unadaptive interpersonal behaviors; 3) adaptive self-directed behaviors; 4) adaptive interpersonal behaviors; 5) verbal communication; 6) play activities; 7) response to instructions; 8) a checklist of personal care activities.

Bayley Scales of Infant Development. The Psychological Corporation, 757 Third Avenue, New York, New York 10017, 1969.

Assesses three areas of development (cognitive, motor, and social). Subsumed into cognitive area are language and sensory-motor skills. Designed to assess child's abilities between ages of 2 and 30 months.

Behavioral Characteristics Progress Chart (BCP). VORT Corporation, P. O. Box 11132, Palo Alto, California 94306.

Assesses seven major areas (self-help, perceptual-motor, language, social, academic, recreational, and vocational). The sequences begin near birth and go up to approximately six to seven years of age. Self-help includes all of the traditional areas considered under the category of "activities of daily living" and begins at the profound level of functioning.

The BKR Basic Preschool Curriculum. L. Bradtke, B. Kirkpatrick, and K. Rosenblatt, BKR Educational Products, Inc., 1790 S. W. 43rd Way, Ft. Lauderdale, Florida 33314.

The BKR Basic Preschool Curriculum consists of an assessment and a set of activity cards for use by the teacher in the development of an individualized prescriptive program. The Development and Trainability Assessment (DATA) measures the developmental skills attained by the child in fifteen separate skill areas: cognition, language, fine motor, personal, gross motor, visual and auditory.

Callier-Azusa Scale. The University of Texas at Dallas, Callier Center for Communication Disorders, 1966 Inwood Road, Dallas, Texas 75235, 1976.

Assesses five areas of development (motor, perceptual, daily living skills, language, and socialization). Designed specifically for assessment of deaf-blind and multihandicapped children. The scale begins at birth and goes up to nine years of age.

Cambridge Assessment: Developmental Rating and Evaluation (CADRE). Richard J. Welch, Cambridge Public Schools, CADRE Center, Cambridge, MI.

The CADRE is an instrument which has been developed for use as an assessment and program tool. The assessment consists of 16 general areas which include gross motor development, fine motor development, visual motor training, feeding/eating/drinking, toileting, dressing, hygiene, grooming, self concept, social interaction, communication, conceptual/academic, clothing care, independent living, vocational, industrial arts.

Camelot Behavioral Checklist Manual and Skill Acquisition Program Bibliography. Camelot Behavioral Systems, P. O. Box 3447, Lawrence, Kansas 66044, 1974.

Assesses ten major areas (self-help, physical development, home duties, vocational behaviors, economic behaviors, independent travel, numerical skills, social skills, and responsibility). The developmental range extends from birth to approximately eight or nine years of age

Denver Developmental Screening Test. Mead Johnson Laboratories, 1967.

Assesses four major areas (gross motor, fine motor, language, and personal-social. Age range from approximately birth to six years of age.

Developmental Pinpoints: An Instructional Program Guide. In Teaching the severely handicapped: A yearly publication of the American Association for the Education of the Severely/Profoundly Handicapped. N. G. Haring an L. Brown (Eds.), Grune and Stratton, New York, 1975.

Presents an extensive taxonomy of behaviors (motor, language, self-help, social, art, writing, and reading). Begins at birth and progresses to approximately six years of age.

Developmental Profile. G. Alpern and T. Boll, Psychological Development Publications, 7150 Lakeside Drive, Indianapolis, Indiana 46278.

The Developmental Profile is an inventory of skills which has been designed to assess a child's development from birth to 12½ years of age. The inventory provides a screening of five areas: physical, self-help, social, academics, and communications. The instrument uses an interview format which is either self-administered or informant based. It includes 217 items which are arranged in 6-month intervals from birth to 3½ years and proceeds thereafter by yearly intervals. The profile includes general suggestions for the administration and scoring of the scales.

Developmental Record. Continuing Education Publications, Extension Annex OR97331, Oregon State University, Corvallis, Oregon, 1974.

Assesses five areas (self-care, perceptual-motor, social, communication, and self-direction) in three levels of development. "Dependent" levels of development are from birth to 1½ years; "Semi-Independent" levels of development are from 2 years to 5½ years; and "Independent" levels of development are from 6 years to maturity.

Developmental Task Analysis. R. Valett, Fearon Publishers, 6 Davis Drive, Belmont, California 94002, 1969.

The Developmental Task Analysis is a rating scale consisting of 100 behavioral tasks that are considered basic to success in learning. It covers a range of six months to 9 years of age.

Fairview Development Scales. Research Department, Fairview State Hospital, 2501 Harbor Blvd., Costa Mesa, California 92626, 1974.

Designed to be used primarily with the severely/profoundly retarded. Assesses five major areas (perceptual-motor skills, self-help skills, language, social interaction and self-direction).

Head Start Test Collection Report: Measures of Infant Development (An annotated bibliography). Head Start Test Collection, Educational Testing Service, Princeton, New Jersey.

Provides excellent overview of 42 infant assessment instruments.

Koontz Child Developmental Program: Training Activities for the First 48 Months. Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, California, 1974.

Assesses four areas: gross motor, fine motor, social and language. The developmental range extends from one month to 4 years of age.

Learning Accomplishment Profile (LAP). A. Sanford, Kaplan School Supply Corporation, 600 Jonestown Road, Winston Salem, North Carolina 27103.

The LAP is a criterion-referenced instrument which has been developed from normative assessment tools as a record of a child's existing skills.

Learning Accomplishment for Infants (LAP-1). P. Griffin and A. Sandord, Kaplan School Supply Corporation, 600 Jonestown Road, Winston Salem, North Carolina 27103, 1975.

LAP-1 is criterion-referenced record for parents and/or teachers of handicapped infant's (0-2) existing skills. Part One is the actual assessment with a hierarchy of behaviors listed in a developmental sequence in six areas of development: gross motor, fine motor, social, self-help, cognitive, and language. Part Two provides units of instruction for teaching important behaviors in the sequence of development such as tracking, attending, self-feeding, etc.

The Lexington Developmental Scale. J. Irwin, M. Ward, C. Deen, and A. Gries, The Child Development Centers of UCPB, P. O. Box 8003, 465 Springhill Drive, Lexington, Kentucky 40503, 1973.

The scale (both infant and early childhood) is a grouping of criterion-referenced behaviors which are graphed from observation data checklists provided in the manual. Also included in the manual are sample teaching plans showing how intervention can be taken from assessment information.

Marshalltown Behavior Developmental Profile. M. Donahue, J. Montgomer, A. Keiser, V. Roecker, L. Smith, and M. Walden, Department of Special Education, Marshall Poweshiek Point County School System, 9 Westwood Drive, Marshalltown, Iowa 50158.

This profile serves two purposes. First, the sequential listing of developmental skills from birth to six years of age can be used as an assessment instrument; second, the results provide a means of facilitating individualized prescriptive teaching.

The Measurement of Intelligence of Infants and Young Children. Cattell, The Psychological Corporation, 757 Third Avenue, New York, New York 10017, 1960.

Assesses the developmental level of infants from two months to thirty months.

Neonatal Behavioral Assessment Scale. T. Brazleton, J. B. Lippincott, East Washington Square, Philadelphia, Pa. 19105, 1973.

The scale includes 27 subtests which cover such behaviors as response decrement to light, response decrement to pinprick, alertness, motor maturity, pull to sit, lability of skin color, etc. Each of these behaviors are assessed at specified states of alertness according to instructions and definitions provided in the manual.

Portage Project Checklists. Cooperative Educational Service Agency, No. 12, Portage, Wisconsin 53901.

Assesses five major areas: cognitive, self-help, motor, language and socialization. The instrument assesses mental ages from birth to five years in each of the major areas. The cognitive area includes sensory motor tasks (visual tracking) and the self-help includes "activity of daily living skills" (toileting).

Preschool Attainment Record. American Guidance Service, Inc., Publisher's Building, Circle Pines, Minnesota 55041, 1966.

Assesses nine areas: ambulation, manipulation, rapport, communication, responsibility, information, ideation, and creativity. The age range is from six months to seven years.

Progress Assessment Chart of Social Development (P-A-C). H. Gunzburg, PAC Department, P. O. Box 398, Bristol, Indiana 46507.

> The Progress Assessment Charts (P-A-C) provides a visual check of progress in the four main areas of social development: self-help (table habits, mobility, toilet, washing, and dressing), communication (language, differences, number work, and paper and pencil work), socialization (play and home activities) and occupation (fine and gross motor).

Project Memphis: Enhancing Developmental Progress in Preschool Exceptional Children. Lear Sregler Inc./Fearon Publishers, 6 Davis Drive, Belmont, California 94002.

> Assesses five major areas (personal-social, gross motor, fine motor, language and perceptual-cognitive skills). Uses developmental norms from birth to five years of age. Included within personal-social are the activity of daily living skills.

Project MORE: How to do MORE, Eating, Tooth Brushing, Nose Blowing, and Hand Washing. Edmark Associates, Bellevue, Washington, 1974.

> Assesses four major areas (eating, tooth brushing, nose blowing, and hand washing). The skills assessed in the four areas are possibly applicable to severely retarded but not to profound as they are too high. These skills extend on up to the trainable and possibly educable range.

TARC. H and H Enterprises, P. O. Box 3342, Lawrence, Kansas 66044, 1975.

> Assesses four major areas (self-help, motor, language, and social). Has a birth to approximately five years of age range.

The Teaching Research Motor-Development Scale. H. Fredeicks, V. Baldwin, P. Doughty, L. Walter, Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Illinois 62717.

> These scales are not to measure general intelligence, but rather motor proficiency. They also act as a model for a teaching curriculum designed to improve motor coordination among the severely or moderately retarded.

Vineland Social Maturity Scale. American Guidance Service, Inc., Publisher's Building, Circle Pines, Minnesota 55041, 1965.

> Assesses six major areas (self-help, locomotion, occupation, communication, self-direction, and socialization). The age range begins at approximately six months and goes to adulthood.

PROGRAM DEVELOPMENT

Adams, J. An education curriculum for the moderately, severely and profoundly mentally handicapped pupil. Charles C. Thomas, 301-327 East Lawrence Avenue, Springfield, Illinois.

> This text explains, using similar format, instructional programs for four levels of handicapped students. Each instructional program level is introduced with a brief narration. The author then lists appropriate instructional objectives for the program. She introduces the type of students for which the objectives and program were designed and finally she outlines the classroom schedule and procedures. As mentioned above, this format is utilized for all four levels. In addition to the above information, the author briefly describes the format for language development programs and includes some speech games. She also supplies a short rationale for the application of her modification.

Bailey, P. (Ed.) Ongoing data collection in the classroom. Western States Technical Assistance Resource (WESTAR), Seattle, Washington, 1977.

> Data collection for various curriculum areas as well as strategies for collecting and making data decisions are given.

Bender, M. and Valletutti, P. Teaching the moderately and severely handicapped. Vol. I, II and III. University Park Press, Baltimore, Maryland, 1976.

> This series contains objectives and activities in the areas of behavior, self-care, gross and fine motor, communication, functional academics, socialization, leisure time, and safety skills in Volumes I and II. Volume III concerns itself with functional academics for the moderately and mildly handicapped.

Brody, James F. and Smilovitz, Robert (Eds.) APT: A training program for citizens with severely or profoundly retarded behavior. Pennhurst State School, Spring City, Pennsylvania 19475, 1974.

> Curriculum developed at a state school and hospital for the mentally retarded in Pennsylvania. Contains curricular information in areas of self-care development and details, in depth, appropriate assessment techniques.

Chalfant, James C. and Silkovitz, R. G. Systematic instruction for retarded children: The Illinois program-experimental edition. Urbana Illinois University, Institute for Research on Exceptional Children, 1970.

> A four-part experimental guide that deals with "what to teach" and "how to teach it" for parents and teachers. It contains a detailed language, self-care and motor development series.

Curriculum for institutionalized severely and profoundly mentally retarded, Intermediate Unit #8, Ebensburg State School and Hospital, Ebensburg, Pennsylvania 15931, 1974.

> Curriculum developed at a state school and hospital for the mentally retarded in Pennsylvania. Provides educational guidelines for developing sequential programs in the following areas: gross motor skills, fine motor skills, self-care skills, self-concept skills, perceptual skills, communication skills, socialization skills, personal safety skills and sex education.

Donlon, E. and Burton, L. The severely and profoundly handicapped: A practical approach to teaching. Grune and Stratton, Inc., 111 Fifth Avenue, New York, New York 10003.

> This text employs for the most part a narrative format. It approaches each of the subject areas by first discussing general considerations regarding instruction in that particular area. Following the narrative, there are lists of "other suggestions" which offer procedure checklists and alternative strategies.

Fredericks, B. et. al. The teaching research curriculum for moderately and severely handicapped. Charles C. Thomas, 301-327 East Lawrence Avenue, Springfield, Illinois.

> This book begins with an introduction to the use and rationale of the curricula presented. The introductory chapter explains the format for the seven curriculum sections. Each curriculum section identifies a skill area, phases within the area, and steps within the phase. An example of a skilll is: Eating: A phase would be eating finger foods: Child eats independently; a step is illustrated by "Places child's hand in food and release hand one inch from mouth.

Friedlander, B., Sterritt, G. and Kirk, G. (Eds.) Exceptional infant: Assessment and intervention. Brunner/Mazel, New York, 1975.

This text deals with three main areas: the specific problems of the developmentally disabled child, concern and programs for minority and disadvantaged children and current issues in the field regarding developmental assessment.

Hall, R. Vance. Managing behavior. H and H Enterprises, Lawrence, Kansas 66044.

A seven-part instructional series in behavior modification including basic principles, new ways to teach skills, guide to writing instructional objectives, applications in home and school, annotated bibliography, and imitation.

Haring, N. (Ed.) Developing effective individualized education programs for severely handicapped children and youth. Department of Health, Education and Welfare, Office of Education, Bureau of Education for the Handicapped, 1977.

The contents of this text are a collection of papers presented at a national conference held in the summer of 1977. The papers cover the subject areas of: an introduction to assessment, evaluation and management; development of IEP's; a model for inter-agency cooperation in the process and individual papers on appraisal in several curriculum areas.

Haring, N. and Bricker, D. Teaching the severely handicapped, Volume III. American Association for the Education of the Severely/Profoundly Handicapped, Seattle, Washington, 1978.

This book is a collection of papers authored by some of the most noted authorities in the field. Contents include: discussion of state of art in the field; personnel preparation; curriculum, instruction and assessment; vocational education; and service delivery.

Haring, N. and Brown, L. Teaching the severely handicapped, Volume II. Grune and Stratton, New York, 1977.

The book presents chapters written by many of the charter members of the American Association for the Education of the Severely/Profoundly Handicapped (AAESPH). Contents include: information on specific remedial or training programs such as work skill development teaching severely handicapped to ride a bus and chapters on adjunctive intervention tactics, for example, through telecommunications.

Kleyle, H. H, and Rocerto, G. M. (Eds.) A case study approach to the low functioning child. Duquesne University, Pittsburgh, Pennsylvania, 1973.

Several case studies and prescriptive programs developed by graduate students during a summer workshop at Duquesne University, Pittsburgh, Pennsylvania. Each graduate student worked with and developed an individualized program for a severely or profoundly mentally retarded institutionalized child.

Kleyle, H. M. and Rocerto, G. M. (Eds.) An instructional guide for parents. Duquesne University, Pittsburgh, Pennsylvania, 1974.

Guide for parents developed by graduate students during a summer workshop at Duquesne University, Pittsburgh, Pennsylvania. Guide contains teaching techniques for communication development, self-help skills development and physical activity program.

McCormack, J., Chalmers, A. and Gregorian, J. Systematic instruction of the severely handicapped: Teaching sequences. Massachusetts Center for Program Development and Evaluation, Bedford, Massachusetts, 1977.

This book contains chapters on the concept of systematic instruction of the population and individualization of instruction. Also, an informal assessment and much of the book is devoted to curriculum sequences. It offers a good source of information to the new teacher.

Menoloscias, F. and Pearson, P. (Eds.) Beyond the limits. Special Child Publications, 4535 Union Bay Place N.E., Seattle, Washington 98105.

The text contains the proceedings of a conference on provision of services to the severely retarded, multiply handicapped citizen held at the University of Nebraska Medical Center. The individual papers address the topics of attitudes, programmatic and treatment management changes.

Myers, Donald G., Sinco, Michael E. and Stalma, Ellen Somerton. The right-to-education child. Charles C. Thomas, 301-327 East Lawrence Avenue, Springfield, Illinois, 1974.

Curriculum dealing with sensory, motor, self-care and communication programs. Detailed taxonomy in each area with task analysis of each item on taxonomy.

Shearer, David, Billingsley, James and others. The portage guide to early education. Cooperative Educational Service Agency, No. 12, Portage, Wisconsin 53901.

A functional guide containing a checklist of behavior and card file with curriculum ideas designed to be used with children, either handicapped or normal between the ages of birth to five years.

Shick, Richard L. (Ed.) Summer trainee workshops in early childhood education for the handicapped, Department of Special Education, School of Teacher Education, Mansfield State College, Mansfield, Pennsylvania. Curriculum guide for early education of the handicapped. Summer sessions, 1973-74.

Curriculum guide devised by workshop participants at Mansfield State College, Mansfield, Pennsylvania. Guide contains foundation concepts, curriculum materials and selected resources information.

Snell, M. (Ed.) Systematic instruction of the moderately and severely handicapped. Charles E. Merrill, Columbus, 1978.

This book offers a behavioral approach to teaching the moderately and severely handicapped. It covers many curriculum areas and information comes from an empirically based source and from that developed in many of the model programs.

Sontag, E., Smith, J. and Certo, N. Educating the severely/profoundly handicapped. Council for Exceptional Children, Reston, Virginia, 1976.

This book probably offers the most comprehensive collection of information on educating the severely and profoundly handicapped. Many noted authorities in the field have articles included and the information provided covers almost any educational subject that could be imagined.

Stephens, Beth, Manfredini, Dianne, Malcotti, Marvin (Eds.) Training the difficult retardate. Department of Special Education, Temple University, Philadelphia, Pennsylvania, 1972.

Resource book developed by individuals in Pennsylvania during the first summer workshop dealing with the educational needs of the severely and profoundly handicapped. Book contains information on the Right-to-Education Mandate, assessment techniques, profiling and programming and the role of ancillary personnel in programs for the severely and profoundly handicapped.

Thomas, M. A. (Ed.) Hey don't forget about me. Council for Exceptional Children, Reston, Virginia, 1976.

This is a collection of papers discussing current theory and practice in the field of education of the severely and profoundly handicapped. Such topics as infant identification, the role of the parent, curriculum concerns, public school programs, deinstitutionalization and the service of research are included.

Tilton, James R., Liska, Donna C. and Bourland, Jack D. (Eds.) Guide to early developmental training. Allyn and Bacon, New York, New York, 1972.

Curriculum guide containing programming information for low functioning children. Guide details teaching techniques and checklists in the area of perceptual motor, gross motor, cognitive development, language development, self-care and number concepts and skills. The guide also contains an in-depth bibliography and glossary of terms.

Tjossem, T. (Ed.) Intervention strategies for high risk infants and young children. University Park Press, Baltimore, Maryland, 1976.

This book is the result of a conference organized to provide a comprehensive perspective of the new concepts and developments generated by and related to the early intervention movement. Several very notable professionals in the field have papers included in this text.

Western State School and Hospital, Education Department, Unit Development Program, Intermediate Unit #1, Canonsburg, Pennsylvania 15317.

Handbook designed for paraprofessionals giving programming ideas in self-concept development, motor development, self-care, communication, social interaction, perceptual motor development, conceptual development and self-help and independence programs.

Willis, A. and Ricciuti, H. A good beginning for babies: Guidelines for group care. National Association for the Education of Young Children, 1834 Connecticut Avenue N.W., Washington, D. C. 20009.

This book describes the findings of a project which operated a day care program for babies. It reports essential features of quality group care environments for first year infants. It lists principles, guidelines and procedural suggestions. The book is intended to be used by those persons who must establish and maintain developmentally enriched group care facilities for children birth to 15 months, either in a center based or family based setting.

Wills, R. The institutionalized severely retarded. Charles C. Thomas, 301-327 East Lawrence Avenue, Springfield, Illinois.

The purpose of this book is the study of the social behavior of the institutionalized severely retarded. Three objectives are pursued in the research. They are: a) developing an integrated overview of behavior on a ward for the severely retarded; b) specifying types of behavior initiated by severely retarded individuals; and c) formulating a classification of the severely retarded based on observable differences in behavior.

MOTOR DEVELOPMENT

Banus, B. The developmental therapist. Charles B. Slack, Inc., Thorofare, New Jersey 08086.

This book offers information regarding the development and disabilities of children. It was specifically written for occuational therapy students, but is also useful to other persons working with developmentally delayed children. The text introduces the reader to appropriate evaluation and testing techniques and tools. It outlines developmental stages and offers general information regarding treatment and care of these children.

Bobath, B. The very early treatment of cerebral palsy. Developmental Medicine and Child Neurology, 9, 373-390, 1967.

States several principles and aims for treatment and gives information on normal motor development.

Bobath, K. and Bobath, B. Cerebral palsy. In P. H. Pearson and C. E. Williams (Eds.) Physical therapy services in the developmental disabilities. Charles C. Thomas, Springfield, Illinois, 1972.

Describes characteristics and treatment of cerebral palsy utilizing the neuro-developmental treatment technique.

Bucks County Public Schools. Bucks County intermediate unit program for the severely and profoundly handicapped. Intermediate Unit #22, Doylestown, Pennsylvania.

Motor program developed by teachers and supervisors in Bucks County, Pennsylvania for severely and profoundly mentally retarded. Gives ideas for developing motor skills in a sequential manner.

Finnie, Nancie R. Handling the young cerebral palsied child at home. E. P. Dutton & Company, Inc., New York, New York 1970.

Practical guide for parents and teachers of children who have severe to mild motor development lags. Gives information on positioning, carrying, bathing, toilet training, dressing, feeding and playing with motor involved children. It is based on the neuro-developmental treatment philosophy and contains practical ideas for developing equipment and adapting furniture. Also contains a glossary of terminology.

Levy, J. The baby exercise book. Random House, Inc., New York, New York, 1973.

Pictorial explanation and sequence of activities for motor development in young children. Shows many exercises utilizing the variations of the neuro-developmental treatment technique.

Smith, D. K. M-A-P project skill development curriculum guide checklist. Indiana Armstrong Counties, Area Intermediate Unit, Box 175, Rt. 422, Shelocta, Pennsylvania 15771, 1973.

Gives practical ideas for the early childhood education of the multiply handicapped. Primarily deals with motor perceptual and academic programs and the relationship of the three.

SELF-CARE SKILL DEVELOPMENT

Arzin, N. H. and Armstrong, P. M. The "mini-meal"--A method for teaching eating skills to the profoundly retarded. Mental Retardation, 11(1), 9-13.

Methods for teaching very low functioning mentally retarded self-feeding skills utilizing behavior shaping techniques.

Balthazaar, Earl E. Balthazaar scales of adaptive behavior for the profoundly and severely mentally retarded. Research Press, Champaign, Illinois, 1971.

Detailed sequence of behaviors necessary in establishing independence in eating and drinking, dressing and undressing and toileting. The scale also gives the criteria for each behavior.

Bensburg, G. J. (Ed.) Teaching the mentally retarded: A handbook for ward personnel. Southern Regional Education Board, Atlanta, Georgia, 1965.

> Lists principles and methods of training low functioning children self-care skills. Lists checklists in the self-care areas.

Bensburg, G. J., Colwell, C., and Cassel, R. Teaching the profoundly retarded self-help activities by behavior shaping techniques. American Journal of Mental Deficiency, 69, 5, 600-679, 1965.

> Report on the results of a project to improve the self-care skills of six severely retarded children. The children were trained intensively according to the basic principles of behavior shaping.

Foxx, Richard M. and Azrin, Nathan H. Toilet training the retarded. Research Press, Champaign, Illinois, 1973.

> Toilet training guide for both day time and night time. Explains shaping techniques utilized to train several institutionalized retarded persons. Guide also lists materials and equipment appropriate for use in toilet training program.

Hart, Verna Beginning with the handicapped. Charles C. Thomas, 301-327 E. Lawrence Avenue, Springfield, Illinois 62717, 1974.

> Self-care modules for low-functioning children with multiple handicaps. Author gives detailed taxonomies of behaviors in each of the self-care areas and describes assessment techniques for each. Also includes motor and communication programs and their assessments.

Perske, R., Clifton, A., McLean, B. and Stein, J. Mealtimes for severely and profoundly handicapped persons: New concepts and attitudes. University Park Press, Baltimore, Maryland, 1977.

> Various conversations with professionals in the field of severely/profoundly handicapped constitute the contents for this book. Every subject regarding feeding and eating skills is covered. Offers a very practical approach to this curriculum area.

SENSORY-PERCEPTION-COGNITION

Ball, T. (Ed.) A guide for the instruction and training of the profoundly retarded and severely multi-handicapped child. Santa Cruz County Board of Education, Santa Cruz, California, 1971

> Consists of instructional plans which provides examples of activities and programs in specific curriculum areas. Each curriculum plan lists objectives, pre-requisites, methods and activities.

Cohen, L. and Solopatek, P. (Eds.) Infant perception: From sensation to cognition. Vol I and II, Academic Press, Inc., New York, 1975.

> These authors present a synthesis of recent research and theorization on infant perception, much of which is devoted to the area of visual perception. Also included is information about the development of space, speech and sound perception.

Colangelo, C. et. al. A normal baby: The sensory-motor processes of the first year. Blythedale Children's Hospital, Valhalla, New York 10595.

> This book attempts to relate how normal development occurs during the first year. The basic philosophy outlined in the manual is "a child's growth and development is directly related to the sensory experiences which he receives, interprets and responds to during the first year". The book outlines total development within that first year interrelating sensory-motor, social perceptual and language behaviors.

Montgomery, P. and Richter, E. Sensorimotor integration for developmentally disabled children: A handbook. Western Psychological Services, Los Angeles, California, 1978.

> This book presents a program based on principles of sensorimotor integration and techniques of intervention developed by occupational and physical therapists. The activities included are geared specifically for developmentally delayed persons and are designed to improve sensory integrative functions.

Ronayne, Ann M. and others. Perceptual-motor development curriculum guide. Allegheny Intermediate Unit #3, Two Allegheny Center, Pittsburgh, Pennsylvania, 1974.

> Developmental program for low functioning mentally retarded students. Consists of programs in areas of body image awareness, gross movement experiences, specific coordination skills, visual motor perceptual training, auditory perceptual training, haptic perception, olfactory-gustatory perceptions and perceptual integration conceptualization. Also contains a skill development assessment chart.

Webb, R. C. Sensory motor training of the profoundly retarded. American Journal of Mental Deficiency. 183-294, 1969.

> Analyzes training techniques to develop motor reactions to sensory stimulation based on the AMMP theory. The theory includes awareness, movement, manipulation of environment and posture and locomotion.

COMMUNICATION DEVELOPMENT

Bricker, William A. and Bricker, Diane D. Development of receptive vocabulary in severely retarded children. American Journal of Mental Deficiency. 74(5), 599-607 (March), 1970.

> Study assesses the effects of structured versus unstructured procedures in facilitating the development of receptive vocabulary in severely retarded children.

Crickmay, M. C. Speech therapy and the Bobath approach to cerebral palsy. Charles C. Thomas, 201-327 E. Lawrence Avenue, Springfield, Illinois 62717, 1966.

> The author is primarily concerned with neuro-physiological principles that underlie the Bobath approach. She shows how they can be applied in speech development. She describes the motor development necessary for speech, procedures for assessing the speech delayed child and principles of speech therapy.

Golbin, A. (Ed.) Cerebral palsy and communication: What parents can do. George Washington University, Washington, D. C., 1977.

> This book provides basic information on the development of speech and language and focuses on practical activities that one might do to make the communication process with a cerebral palsied person much easier.

Guess, D., Sailor, W. and Baer, D. Functional speech and language training for the severely handicapped. Vol. I and II. H and H Enterprises, Lawrence, Kansas, 1976.

> This manual was developed for use with persons who lack language skills, no matter what their handicap may be. The manual can be used very effectively by someone not specially trained in this area. The program as outlined is very specific and only requires that the user have some understanding of behavior shaping skills.

Hall, S. M. and Talkington, L. W. A suggested language development program for severely and profoundly retarded. Journal for Special Educators of the Mentally Retarded. 6(2), 1970.

> A basic sequence of developmental phases, roughly ordered according to language acquisition stages in normals. Two teaching techniques are implied--a group approach using peer interaction and a reinforcement paradigm.

Job Development Laboratory. Communication Resources for the Developmentally Disabled, George Washington University, Washington, D. C., 1977.

> This is a collection of resources designed to be used by parents, direct care staff and language professionals. There are references for materials regarding spoken language as well as signed or manual communication systems.

Novakovich, Harriet and Zoslow, Sylvia Target on language. Christ Church Child Center, Bethesda, Maryland.

> A language skills and curriculum guide designed for teachers, aides, parents and remedial experts.

Pierce, Roberta B. and Warvi, Virginia Swallow right. Huntsville Rehabilitation Center, 1973.

> Manual developed to assist in teaching young children to swallow correctly. Deals with tongue thrusting and other abnormal tongue movements.

Schiefelbusch, Richard L. and Lloyd, Lyle L. Language perspectives-acquisition, retardation and intervention. University Park Press, Baltimore, Maryland, 1974.

> A reference text featuring early acquisition of language, language retardation and intervention strategies.

Vanderheiden, G. (Ed.) Non-vocal communication resource book. University Park Press, Baltimore, Maryland, 1978.

> This book was designed to be used as a reference by persons interested and involved in the field of augumentative communication techniques and aids for non-vocal individuals.

Vanderheiden, G. and Grilley, K. (Eds.) Non-vocal communication techniques and aids for the severely physically handicapped. University Park Press, Baltimore, Maryland, 1977.

> This book which deals with an introduction to various systems of non-vocal communication is based upon transcriptions of the 1975 Trace Center national workshop series on non-vocal communication techniques and aids. It is filled with pictures and drawings of the many devices it more than adequately describes.

187

PARENT TRAINING

Becker, Wesley C. Parents are teachers. Research Press Co., 1971.

Child management program designed to help parents learn to be more effective teachers of their children.

Caplan, Frank (Ed.) The first twelve months of life. Grosset and Dunlap, New York, 1973.

Detailed narrative of human growth and development. Lists charts of development milestones in the areas of motor, language, mental development and social development.

Finnie, Nancie R. Handling the young cerebral palsied child at home. E. P. Dutton and Company, Inc., New York, New York, 1970.

Practical guide for parents and teachers of children who have severe to mild motor development lags. Gives information on positioning, carrying, bathing, toilet training, dressing, feeding and playing with motor involved children. It is based on the neuro-developmental treatment philosophy and contains practical ideas for developing equipment and adapting furniture. Also contains a glossary of terminology.

Kleyle, H. M. and Rocereto, G. M. (Eds.) An instructional guide for parents. Duquesne University, Pittsburgh, Pennsylvania, 1974.

Guide for parents developed by graduate students during a summer workshop at Duquesne University, Pittsburgh, Pennsylvania. Guide contains teaching techniques for communication development, self-help skills development and physical activity program.

Lehane, S. Help your baby learn. Prentice Hall, Inc., Edgewood Cliffs, New Jersey.

This book describes from a Pigetian viewpoint, child development from birth to two years. Several activities are listed which encourage adult-baby interaction, in addition to increasing adult awareness of developmental stages.

Liepmann, Lise Your child's sensory world. Penguin Books, Inc., New York, 1974.

Book written for parents to attract them to the ways in which their children learn through the sensory modalities.

McDiarmid, N., Peterson, M. and Sutherland, J. Loving and learning. Harcourt-Brace-Jovanovich, New York, New York.

> This book emphasizes the importance of early human relationships. The authors express that learning and intellectual development readily thrive in a context of warm and loving interactions between the infant or toddler and his parents. The book includes many activities, exercises and games. It describes yoga exercises, new techniques for reading to infants and suggestions for making musical instruments, puppets and books.

Painter, G. Teach your baby. Simon and Schuster, New York, New York, 1971.

> This author presents a program of simple activities that parents are encouraged to do at home with their infant and preschool children. These activities are designed for children 0-4 years old.

Patterson, Gerald R. and Guillon, M. Elizabeth Living with children. Research Press, Champaign, Illinois, 1968.

> Programmed text that gives step-by-step procedures of behavior shaping programs for children.

Perske, Robert New direction for parents of persons who are retarded. Abingdon Press, 1973.

> Philosophical narrative designed to have parents of retarded persons better understand their needs and behavior. It is felt that through this better understanding, they may better plan for their children's future.

MATERIALS AND EQUIPMENT

Bergen, Adrienne, r.p.t. Selected equipment for pediatric rehabilitation. Blythedale Children's Hospital, Valhalla New York 10595, 1974.

> Manual showing charts, adaptions for playthings, mats, mobility devices. Explains in depth proper positioning and lists a bibliography.

Finnie, Nancie R. Handling the young cerebral palsied child at home. E. P. Dutton and Co., New York, 1968.

Shows how furniture in the home can be adapted for use by motor involved children.

Robinault, Isabel P. (Ed.) Functional aids for the multiply handicapped. Harper and Row, Hagerstown, Maryland, 1974.

Describes aids for multiply handicapped persons. Shows retail equipment and also adaptions of equipment in the home. Lists companies where items can be bought and a bibliography.

AN OVERVIEW OF THE PENNSYLVANIA TRAINING MODEL

THREE PHASES TO INSERVICE DEVELOPMENT

Ellen Somerton-Fair
Program Director

EC123214

The Pennsylvania Training Model (PTM) was funded for five years (June 1, 1974 - May 31, 1979) as a personnel preparation project from the Bureau of Education for the Handicapped. The major objective of the project was to provide inservice training to public school personnel who work with the severely/profoundly handicapped (SPH). This objective was met through a three phase process. This paper will discuss those three phases.

Phase I, June, 1974 - May, 1977

The initial phase of the project focused on the delivery of large inservice training sessions to teachers, teacher assistants, supervisors, psychologists, and ancillary staff, i.e. speech therapists, physical therapists, etc. employed by Pennsylvania's Intermediate Units (IU) and school districts. During this three year phase 1,100 persons received thirty hours of inservice training in the areas of assessment, motor development, self care skill development, communication programs, and parent training.

The first year was utilized to collect needs assessment information and field test inservice programs to determine the most feasible training delivery system and the most appropriate training content. The second two years focused on the delivery of the training. The training was given first in the western part of the state for one year and in the eastern part of the state for the second year. This training was given on Saturdays in four designated regions in western Pennsylvania and again in four regions in eastern Pennsylvania. Training was delivered by the program director and project consultants and handout materials were developed for each of the subject areas.

In addition to the large scale training, classroom consultations were also provided during Phase I. These consultations were made at the request of the trainees and covered a variety of subject areas.

It should be noted that during the first phase of the PTM the full-time project staff included the program director and a secretary. Consultants were utilized on a contract basis.

Phase II, June, 1977 - May, 1978

In an effort to provide more intensive information to supervisors of classrooms for the severely/profoundly handicapped the second phase of the PTM was developed especially to meet training needs of this population.

A needs assessment was conducted during the summer of 1978 through the use of a questionnaire. This questionnaire was sent to all supervisors eligible for training. In addition to the supervisors, this questionnaire was sent to teachers of the severely/profoundly handicapped.

The supervisors responded as to their perceived needs and teachers answered regarding information in which they desired supervisors to receive training so that the supervisors could then give this information to the teachers and support staff.

Six inservice training topics were selected from the needs assessment data. These were: Vocational and Prevocational Training; Parenting; Sensory-Motor Programming; Assessment and Technical Skills; Medical Aspects; and Communication Development. These sessions were given in a central location in Pennsylvania during three, two day sessions. National figures in the area of severely/profoundly handicapped were utilized as inservice trainers.

Training attendants were supervisors and instructional advisors. As with the training given in Phase I, handout materials and published information were provided to the trainees. During Phase II approximately forty persons received thirty hours of training.

Phase III, June, 1978 - May, 1979

During the final phase of the project, intensive inservice training was provided to teachers and ancillary staff working within six Intermediate Units.

The major goal of the final phase was to establish and train transdisciplinary teams within those six IU's. In addition to the training of these transdisciplinary teams, classroom consultations by the PTM staff were provided on a weekly or bi-weekly basis.

During the initial three months of the final phase, the project director and infield trainer selected the IU's to be involved in the training and along with the directors of special education and supervisors of SPH selected teachers and ancillary staff to be trained. During this time an Infield Assessment Guide developed by program staff was utilized in the field to determine need areas for training.

This guide not only measured compliance with state and federal laws governing education of handicapped children, but also investigated educational quality within school programs.

The next eight month period was spent in the actual development and implementation of the teaming process in the selected IU's. The infield trainer, a new project staff member during this year, acted as consultant and facilitator to the team development. She meet individually with each team at least bi-weekly and assisted with general information and specific data for programming children.

In addition to the team consultation, the infield trainer located and purchased resource material and organized formal training sessions attended by all teams.

The final month of Phase III was spent in finalizing team information and formalizing the team process so that it might be ongoing at the termination of the project.

All phases of the PTM have focused on the inservice training of public school personnel working with the severely/profoundly handicapped. We started with a broad emphasis and with general information and became more specialized in the second and third phases. All training was subsequent to the analyses of needs assessment data, and all training was accompanied by training materials developed by project staff.